

**STATE OF NEVADA  
RISK MANAGEMENT DIVISION**



**CYBER FIRST NOTICE OF LOSS FORM**

**SEND TO:** Risk Management Division, c/o Maureen Martinez

**BY FAX:** (775) 687-3195

**BY EMAIL:** memartinez@admin.nv.gov

Note: Cyber claims should be reported as soon as possible but no later than 15 days from time of incident.

**Today's Date:** \_\_\_\_\_

**Insured's Name & Contact Information**

**Agency Name:** \_\_\_\_\_ **Point of Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Broker/Agent's Name & Contact Information**

**Company Name:** Alliant Insurance Services – Claims **Point of Contact:** Elaine Tizon

**Address:** 100 Pine Street, 11<sup>th</sup> Floor, San Francisco, CA 94111

**Phone #:** 877-725-7695 Fax #:415-403-1466

**Policy Information**

**Policy Number:** FN2205500 **Policy Period Start:** July 1, 2023 **Policy Period End:** July 1, 2024

**Limits of Liability:** \$2 Million per annual agg **Self-Insured Retention/Deductible** \$250,000

**Loss Information**

**Date of Incident/Claim:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Description of Loss:** \_\_\_\_\_

**Please list all attached or enclosed documentation:**  (check if none provided) \_\_\_\_\_

**Name of Person Completing This Form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_