

**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, 11th Floor, San Francisco, CA 94111

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

Policy Information

Policy Number: FN2105500 **Policy Period Start:** July 1, 2021 **Policy Period End:** July 1, 2022

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: _____