

# Cyber Liability Insurance Incident Disclosure Form

## Insured Company Details

Company Name

Policy Number

Contact Person

Contact Email

Contact Phone

## Incident Details

Date of Incident

Date Discovered

Type of Incident

Incident Description

Systems/Data Affected

Actions Taken

## Authorities & Notifications

Authorities Notified

Notifications Made to Affected Parties

**Supporting Documentation**

List of Attached Documents

**Declaration**

Name

Title/Position

Date