

Cyberman365 REACT

Welcome to Cyberman365 React Home and Family Cyber Risk Insurance Protection

We're delighted to provide you with a robust suite of services, offering up to \$1 million in ID Theft coverage and expert support for you and your family in the aftermath of a cyber incident. Rest assured, our U.S.-based Fraud Resolution agent is here to provide step-by-step assistance in investigating and restoring your identity should the need arise.

Coverage Overview

Claim upto \$1 million

Your aggregate limit is \$1,000,000 per policy period

Zero Deductible

You don't need to pay anything out of pocket before your coverage kicks in

We're here to make insurance easy! If you have any questions, feel free to reach out.

Making a Claim

If you believe you've been a victim of identity theft, online fraud, or cybercrime, please get in touch with our response team and refer to the claims section in this document for additional guidance.

Resolution Center: 877 926 3650



ID Restoration Support

A Fraud Resolution Agent will deliver step-by-step support to restore your identity. Our Limited Power of Attorney option allows our agents to manage recovery on your behalf.

ID Theft Insurance

You are covered up to \$1 million for certain eligible expenses associated with ID theft, including lost wages, legal fees and electronic fund transfers.

CyberAgent Dark Web Monitoring

We scan the dark web, known for illegally buying and selling personal data and alert you if your identity may be at risk. We will assist you in securing any breached data.

Credit Monitoring

We will alert you to any critical changes by constantly monitoring your credit(s) reports. You will also receive a credit report upon enrollment.

Bank Account Takeover

We alert you if your identity is used to open new bank accounts or if unauthorized changes are made to existing accounts. We will then help you resolve the problem.

Cyber Bullying

Coverage for necessary and reasonable cyber bullying expenses i.e. counselling, replacement wages, educational relocation expenses and legal services.

Internet of Things Compromise

Coverage for necessary and reasonable costs for data recovery and system restoration following a "cyber-attack" (defined as unauthorised access or use and/or a malware attack).

Change of Address

If your mail is redirected through the U.S. Postal Service, you will receive an alert. This is an easy way for fraudsters to collect your data and abuse your identity.

Online Fraud

Coverage for necessary and reasonable fraud costs (including direct financial loss), so long as it has been reported in writing to the Police.

Child Social Network Monitoring

Scans your child's social media accounts and informs you if privacy or reputational risks are spotted on their profile. Includes Twitter, Facebook, Instagram and LinkedIn.

Social Security Number Trace

If a new name or alias is added to your SSN we will alert you, we also generate a report of all the names and aliases already associated with your SSN.

Child Internet Surveillance Report

We scan the dark web, known for illegally buying and selling personal data, and alert you if your child's identity may be at risk. We will assist you in securing any breached data.

Cyber Extortion

Coverage for the costs of an expert to help with a cyber extortion event, as well as reasonable costs to respond to an extortion threat.

Social Media Monitoring

Scans your social media accounts and informs you if privacy or reputational risks are spotted on your profile.

Policy Summary Coverage

This document summarizes the coverage available to **insureds** under the **Policy**. It is only a summary. Additional details, conditions, and exclusions are set forth in the **Policy**, a copy of which is available upon request. "**We**" and "**us**" refer to the Insurer and Insurance related parties, "**you**" and "**your**" refer to the **insured**.

Summary Description of Benefits

A. **We** shall pay the **insured** for loss, excess of any applicable deductible, resulting from **stolen identity events** first discovered by the **insured** during the policy period and reported to **us** within 120 days of such first discovery of the **stolen identity event**.

B. We shall reimburse the **insured** for loss, excess of any applicable deductible, resulting from **unauthorized electronic fund transfers** which (i) first occurs during the policy period; and (ii) is reported to **us** within 90 days of the discovery of such electronic fund transfer.

Selected Definitions

A. "**Stolen Identity Event**" means the fraudulent use of the **insured's** personal identification, social security number, or any other method of identifying the **insured**. This includes, but is not limited to, the fraudulent use of the personal identity of the **insured** to establish credit accounts, secure loans, enter into contracts or commit crimes. All loss resulting from **stolen identity event(s)** and arising from the same, continuous, related or repeated acts shall be treated as arising out of a single **stolen identity event** occurring at the time of the first such **stolen identity event**. **Stolen identity event** shall not include the fraudulent use of the **insured's** business name, trading name or any other method of identifying any business activity of the **insured**. **Stolen identity event** shall include "Medical identity theft" as defined in the **Policy**.

B. "**Unauthorized Electronic Fund Transfer**" or "**UEFT**" means an electronic fund transfer from an **insured's** account initiated by a person other than the **insured** without the actual authority to initiate the transfer and from which the **insured** receives no benefit. An unauthorized electric fund transfer does not include an electronic fund transfer initiated:

- a. by a person who furnished the access device to the **insured's** account by the **insured**, unless the **insured** has notified the financial institution that transfers by such person are no longer authorized;
- b. with fraudulent intent by the **insured** or any person acting in concert with the **insured**;
- c. by the financial institution or its employee.

C. "Loss" means the reasonable and necessary costs, lost wages, legal defense fees and expenses incurred within twelve months of an **insured's** discovery of a **stolen identity event**. The full definitions of "costs," "lost wages," and "legal defense fees and expenses" are set forth in the **Policy**.

D. "Costs" means the specific types of reasonable and necessary costs listed in the **Policy** that are incurred by the **insured** as a result of a **stolen identity event**.

E. "Lost Wages" means actual lost wages due to the temporary or permanent loss of employment as a result of a **stolen identity event**.

F. "Legal Defense Fees and Expenses" means the reasonable and necessary fees and expenses incurred by the **insured** with our consent for an attorney approved by **us**.

G. "Stolen Funds Loss" means the principal amount, exclusive of interest, incurred by the **insured** and caused by an **unauthorized electronic fund transfer**. Stolen Funds Loss shall not include

any amount for which the **insured** did not seek reimbursement from the financial institution which issued the access device and holds the account from which funds were stolen, and stolen funds loss shall not include any amount for which the **insured** received reimbursement from any source. Stolen Funds Loss also means fees and charges assessed against an **insured** by a financial institution as a direct result of an unauthorized electronic funds transfer.

H. Ransomware - "**Computer extortion threat**" means a credible threat or series of related threats, including a demand for funds, property or services directed at a **program member** to avoid corruption, damage, destruction of data, or the introduction of a computer virus, malicious code, or a denial of service to any aspect of a **program member's** computer system, or any threat or series of related threats to release, or disclose confidential and personal information which resides within a **program member's** computer system.

I. Cyber bullying means three or more similar or related acts of harassment or intimidation including defamation of character, invasion of privacy or threats of violence that are:

- a. committed against a **program member**; and
- b. received by a computer, telephone, portable device (such as a smartphone, electronic tablet or handheld computer) or any similar device; and
- c. results in the **program member's**
 - i. wrongful termination, false arrest or wrongful discipline by a governing official or body of a primary or secondary school, institution of higher education or private school; or
 - ii. debilitating shock, mental anguish or mental injury that has been diagnosed by a licensed physician, psychologist, or other authorized mental health professional (other than the **program member** or the **program member's** family member) leading to the **program member's** inability to attend school, or
 - iii. work full-time for more than one week.

Your Responsibilities if a Stolen Identity Event or Loss Occurs

If a **stolen identity event** occurs: Promptly, but no later than 120 days after first discovering the event, notify **us** by calling our **Resolution Center at 877-926-3650**. Follow our written instructions to mitigate potential loss.

If a loss occurs:

1. Promptly notify **us**, submit to **us** the written proof of loss, and provide any other reasonable information or documentation that **we** may request.
2. Take reasonable steps to mitigate the loss, including requesting a waiver of any applicable fees.
3. File a report with the appropriate law enforcement authority.
4. Provide assistance and cooperation **we** may require.

If a stolen funds loss occurs:

1. Take all reasonable steps to: (a) prevent further stolen funds loss after suffering an UEFT, including promptly contacting the financial institution which issued the access device and holds the account; and (b) obtain reimbursement from the financial institution. Provide **us** a complete description of the efforts to obtain reimbursement and stated reasons why full or partial reimbursement was not provided.
2. Promptly notify **us** and provide **us** with detailed information regarding the stolen funds loss.
3. Provide any reasonable information or documentation **we** may request, including, if requested, a sworn statement or affidavit within sixty days of our request.

Additional Information About Exclusions, Insurance Limits, and Policy Conditions

Loss arising from the following are not covered (see full list of exclusions in **Policy**):

1. Physical injury, sickness, disease, disability, shock, mental anguish, and mental injury.
2. Voluntary disclosure of a code or other security information which can be used to gain access to the **insured**'s account using an access device to someone who subsequently contributes to the **UEFT** (with exceptions explained in the Policy for duress, deception, unintentional release, or fraud).
3. An **UEFT** which a member of the **insured**'s family participated in, directed, or had prior knowledge.

There is no coverage for any **stolen identity event** or **UEFT** occurring after the effective date and time of: (a) any expiration, cancellation, or nonrenewal of the **Policy**; or (b) any cancellation, termination, or expiration of the **insured**'s individual membership in Node International membership program.

The aggregate limit of insurance is the most **we** shall pay the **insured** for loss, excess of any applicable deductible, resulting from all **stolen identity events** and **unauthorized electronic fund transfers** combined first occurring during the policy period. The sublimits of insurance are part of, and not in addition to, the aggregate limit of insurance. In addition, **ALL LEGAL DEFENSE FEES AND EXPENSES ARE PART OF, AND NOT IN ADDITION TO, THE AGGREGATE LIMIT OF INSURANCE FOR EACH INSURED.**

We shall be primary coverage over any other insurance coverage. In all events, **we** shall not pay more than our Limit of Insurance.

Should the **insured** be enrolled in more than one membership program **insured** by **us** or any of our affiliates, subject to the applicable deductibles and limits of insurance of the **insured** under the applicable membership program, **we** will reimburse the **insured** under each membership program, but in no event shall the total amount reimbursed to the **insured** under all capacity holders programs exceed the actual amount of loss.