C&F Simple Cyber / TCM

RANSOMWARE/MALWARE SUBLIMIT AND COINSURANCE ACKNOWLEDGEMENT

"Named Insured": El Paso County

Legal name of the Applicant to be insured

"Policy" as used in this document shall mean the insurance policy described above. As used in this document, the terms: "Cyber Extortion Loss," "First Party Loss," "Loss," "Named Insured," "Insured Entity," "Insureds," "Retention" and "Virus Event" shall each be as defined in the Policy.

As respects the Policy, please accept this as acknowledgement on behalf of the "Insured Entity" that:
(Please check all that apply)

☒ The information provided by the "Named Insured" to the Insurer as part of the underwriting for the Policy indicated that the "Named Insured" did not have Advanced Risk Controls in place. (Such Advanced Risk Controls being described in the Quote letter furnished in conjunction with the Policy).

☒ In consideration of the Insurer issuing the Policy, the "Named Insured," on behalf of all "Insureds" acknowledge and accept that: (i) the Policy includes a Ransomware/Malware Event Sublimit of Liability; and, (ii) the Ransomware/Malware Event Sublimit of Liability is the maximum amount the Insurer is obligated to pay in the aggregate for all "Loss" under this Policy arising out of, based upon, or attributable to all "Virus Events."

Ransomware/Malware Event Sublimit of Liability: $50,000

☒ In consideration of the Insurer issuing the Policy, the "Named Insured," on behalf of all "Insureds" acknowledge and accept that the Insurer's obligation to indemnify the "Named Insured" for "First Party Loss" and "Cyber Extortion Loss" arising out of, based upon, or attributable to a "Virus Event" shall be reduced by the Ransomware/Malware Coinsurance percentage amount shown in Item 4. of the Policy Declarations. This coinsurance percentage amount must be borne by the "Named Insured" and is in addition to the "Retention."

Ransomware/Malware Coinsurance: 50%

Signature: _____

Must be signed by a duly authorized officer on behalf of all "Insureds."

Printed Name: _____

Title: _____

Date: _____