



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

CYBERSECURITY REPORTING FORM

Contact Information

Name:

Address Line 1:

City:

State/Area:

Postal Code:

Address Line 2:

City:

State/Area:

Postal Code:

Telephone:

Fax:

E-mail Address:

Event Dates

Identify the time period that the security event involved.

Identify the date that the security incident was discovered.

Circumstances

How was the Cybersecurity Event discovered?

How was the information exposed, lost, stolen or accessed? Include the identity of the source of the Cybersecurity Event, if known.

Third-Party Involvement

Did the Cybersecurity Event involve a third-party service provider? Yes or No? If yes, please identify the name of the third-party service provider and the nature of the work performed on behalf of the licensed entity.

Information Involved

Did the cybersecurity event involve the licensed entity's systems?

Describe the specific types of information acquired. For example, types of medical information, types of financial information, or types of information allowing the identification of the consumer.

Was the electronic information encrypted? Yes or No? If no, please provide an explanation.

Number of Individuals/Entities Affected

Please identify the number of individuals affected in Connecticut and on a nationwide basis.

Remediation

What actions are being taken to recover lost, stolen or improperly accessed information?

What steps were undertaken to remediate the situation once the Cybersecurity Event was detected?

Has any lost, stolen or breached information been recovered?

Notification Requirements

Is there a reasonable likelihood that the information obtained has been or will be misused?

Reporting Requirements

Has a police report been filed?

Has any regulatory, governmental, or other law enforcement agency been notified?

Cybersecurity Contact Designee

Contact Information of Individual Familiar with Cybersecurity Event and Authorized to Act on Behalf of the Licensee

Prefix

First Name

Middle Name

Last Name

Title

Contact Methods

Phone Type Phone Number

Home

Other

Business

Mobile

Fax

E-mail

Address

City:

State/Area:

Postal Code:

Attachments Items: (Please submit via e-mail to cid.mc@ct.gov)

- A copy of the licensee's privacy policy
 - A copy of its security incident response policy
 - The notice to be submitted to the affected party/parties
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Certify & Sign

Please note that the individual submitting this information certifies that the information provided above is true and accurate to the best of his/her knowledge.

Please note that the date remitted to the department will be the date first reported by the entity.

Complete this form and submit via e-mail to cid.mc@ct.gov include all attachments items require.

Signature:

Date: