



Illinois Union Insurance Company

**ACE Privacy Protection®  
Privacy & Network Liability  
Insurance Policy  
Declarations**

This Policy is issued by the stock insurance company listed above.

THIS POLICY IS A CLAIMS MADE AND REPORTED POLICY. EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND WHICH ARE THE RESULT OF WRONGFUL ACTS COMMITTED AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED DAMAGES SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO SECTION II, DEFINITIONS.

<b>Policy No. EON G25663809 003</b>			
Item 1.	<b>Named Insured:</b>	Emerald Coast Utilities Authority	
	Principal Address:	9255 Sturdevant St Pensacola FL 32514	
Item 2.	<b>Policy Period:</b>	From 12:01 a.m. 10/01/2016 To 12:01 a.m. 10/01/2017 (Local time at the address shown in Item 1)	
Item 3.	<b>Insuring Agreements:</b>	A. Privacy Liability B. Data Breach Fund C. <b>Network Security Liability</b>	
Item 4.	<b>Limit of Liability (including Claims Expenses):</b>		
	A. <b>Limit of Liability for Insuring Agreements:</b>		
		<u>Each Claim</u>	<u>Aggregate</u>
	A. Privacy Liability	\$1,000,000	\$1,000,000
	B. Data Breach Fund	\$500,000	\$500,000
	C. <b>Network Security Liability</b>	\$1,000,000	\$1,000,000
	B. <b>Regulatory Proceeding Sub-Limit of Liability</b>	\$500,000	\$500,000
	C. <b>Maximum Policy Aggregate Limit of Liability:</b>		\$1,000,000

<b>Item 5. Retention:</b>	
\$25,000	each <b>Claim</b> for Coverages A and C
\$25,000	each <b>Claim</b> for Coverage B
<b>Item 6. Notice to Insurer:</b>	
A. <b>Notice of Claim, Wrongful Act:</b>	
Director of Claims ACE Professional Risk P.O. Box 5105 Scranton, PA 18505-0518	
B. <b>All other notices:</b>	
Chief Underwriting Officer ACE USA - Professional Risk 1133 Avenue of the Americas, 32nd Floor New York, NY 10036	
<b>Item 7. Policy Premium:</b>	\$ 13,260.00
<b>Item 8. Optional Extended Reporting Period:</b>	
A. <b>Additional Premium:</b>	<u>100%</u> of Annual Premium
B. <b>Additional Period:</b>	<u>12</u> months
<b>Item 9. Retroactive Date:</b>	
A. <b>Privacy Liability</b>	<u>11/01/2014</u>
B. <b>Data Breach Fund</b>	<u>11/01/2014</u>
C. <b>Network Security Liability</b>	<u>11/01/2014</u>

IN WITNESS WHEREOF, the Insurer has caused this Policy to be countersigned by a duly authorized representative of the Insurer.

DATE: 10/17/2016



JOHN J. LUPICA, President  
Authorized Representative

## FLORIDA IMPORTANT NOTICE

---

To present inquiries, obtain information about coverage or make a complaint:

You may contact your agent first, or you may call us for information or to make a complaint at:

860-954-2382

You may also write to us at:

Travelers  
Consumer Affairs  
One Tower Square 5GS  
Hartford, CT 06183-9079

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.