



**Cannasure Insurance Services, LLC**  
 a subsidiary of One80 Intermediaries  
 1468 W. 9th St. STE 805  
 Cleveland, OH 44113  
 P: 800-420-5757

**Cyber Insurance Supplemental Claim Form**

Email Applications to:  
 submission@cannasure.com

**APPLICANTS INSTRUCTIONS:**

1. All Applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Answer all questions completely. Please complete a separate form for each claim or incident disclosed in the Cyber Insurance Application. Please type or print clearly, and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet.
3. Application must be signed and dated by the owner, partner, or officer no earlier than 90 days before the proposed effective date of coverage.
4. Please read the statements at the end of this application carefully.

*\*If there are multiple Business Names, please provide detailed list or organizational chart showing relationship.*

**CYBER INSURANCE SUPPLEMENTAL CLAIM FORM**

1. Name of Applicant:

2. Name of Claimant:

3. Individuals named or involved in the claim/incident and their positions with the Applicant:

Full Name: _____	Title: _____

4. Claim type:  Potential Claim/Allegation  Suit  Written Demand  
 Administrative Charge/Proceeding  First Party Loss/Breach Incident Report

5. Date of alleged act/incident:

6. Date of claim:

7. Name of Insurer:

8. Date reported to Insurer:

9. Claim status:  Open  Closed

a. If open:

i. Insurer's loss reserve/potential settlement value: \$ \_\_\_\_\_

ii. Insurer's expense reserve: \$ \_\_\_\_\_

iii. Expenses paid to date: \$ \_\_\_\_\_

b. If closed:

i. Total loss/settlement paid (including deductible): \$ \_\_\_\_\_

ii. Total expense paid (including deductible): \$ \_\_\_\_\_

10. Description of the wrongful act(s) or event(s) alleged by the claimant:
11. Description of the claim or incident and events leading up to the claim or incident:
12. Description of the steps taken, if any, to prevent a similar claim or incident in the future:

**CERTIFICATION AND SIGNATURE**

I understand that the information submitted in this claim supplemental form becomes a part of Cyber Insurance Application and is subject to the same representations and conditions.

**Must be signed by an officer of the Applicant.**

Print or Type Applicant's Name	Title of Applicant
Signature of Applicant	Date Signed by Applicant