



CYBER LIABILITY LOSS REPORT (FOR ACTUAL OR POTENTIAL BREACH TO DISTRICT DATA)

DISTRICT				
SITE			PHONE NUMBER	
SITE ADDRESS		CITY	STATE	ZIP
LOSS LOCATION (BE SPECIFIC)				
DATE OF LOSS		TIME OF LOSS		
TYPE OF CYBER LOSS:				
DATA <input type="checkbox"/>	COMPUTER <input type="checkbox"/>	RANSOMWARE <input type="checkbox"/>	BREACH <input type="checkbox"/>	OTHER:
DESCRIPTION OF LOSS (HOW LOSS OCCURRED):				
EQUIPMENT OR DATA (DESCRIPTION OF WHAT IS AFFECTED)				
SCOPE OF BREACH (DESCRIPTION OF PERSONAL RECORDS OR SYSTEMS COMPROMISED)				
POLICE CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
NAME AND ADDRESS OF AGENCY			INVESTIGATOR	CASE NUMBER
NAME OF IT PERSON AT DISTRICT OR SITE TO CONTACT			PHONE NUMBER	
REPORT COMPLETED BY (NAME & TITLE):		SIGNATURE:		DATE

DISTRIBUTION:
(1 COPY TO EACH)

NBSIA
380A CHADBOURNE RD
FAIRFIELD, CA 94534

DISTRICT OFFICE SITE

(Ed. 3/20)

North Bay Schools Insurance Authority

380A Chadbourne Road, Fairfield CA 94534 | Phone: (707) 428-1830 | Fax: (707) 428-1848 | www.nbsia.org