



Kentucky Department of Insurance

Street Address: 500 Mero St. Frankfort, KY 40601

Mailing Address: P.O. Box 517

Telephone: (502) 564-3630 or

(800) 595-6053

REPORT A CYBERSECURITY EVENT

Under the Kentucky Insurance Data Security Act, licensees are required to report Cybersecurity Events to the Department of Insurance in accordance with the requirements of Kentucky Revised Statutes *****

Section 1. Information of Entity Experiencing Cybersecurity Event

Licensee Type Search for Licensee

NAIC Code

FEIN Code

Name
Address 1
Address 2
Suite/Apt/Building
City, State, Zip
Telephone
Fax
Email Address

Section 2. Event Dates

Estimated Occurrence Unknown Estimated End Unknown Date Discovered

Section 3. Event Type (Check all that apply)

- Data Theft by Employee/ Contractor
- Hackers/ Unauthorized Access
- Lost During Move
- Phishing
- Improperly Released/ Exposed/ Displayed
- Stolen Laptop(s)
- Computer and Equipment
- Improperly Disposed
- Other

Section 4. Circumstances Surrounding the Cybersecurity Event

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

How was the Cybersecurity Event discovered?

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

Section 5. Third-Party Involvement

Did the Cybersecurity Event occur within the information / systems maintained by the licensed entity or individual reporting the Cybersecurity Event or within the information / systems maintained by a third-party service provider? Our Information / Systems

Name of the Third-Party Service Provider

Description of the Third-Party Service Provider

What were the specific roles and responsibilities of the Third-Party Service Provider?

Section 6. Information Involved (Check all that apply)

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Demographic Information
<input type="checkbox"/> Name
<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Address
<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Driver's License
<input type="checkbox"/> SSN
<input type="checkbox"/> Passport
<input type="checkbox"/> Other <input style="width: 150px;" type="text"/> | <input checked="" type="checkbox"/> Health Information
<input type="checkbox"/> Medical Records
<input type="checkbox"/> Lab Results
<input type="checkbox"/> Medications
<input type="checkbox"/> Treatment Information
<input type="checkbox"/> Physician's Notes
<input type="checkbox"/> Other <input style="width: 150px;" type="text"/> | <input checked="" type="checkbox"/> Financial Information
<input type="checkbox"/> Bank Account Information
<input type="checkbox"/> Credit Card
<input type="checkbox"/> Debit Card
<input type="checkbox"/> Other <input style="width: 150px;" type="text"/> | <input checked="" type="checkbox"/> Other
<input style="width: 150px;" type="text"/> |
|---|--|---|--|

Was the electronic information involved in the Cybersecurity Event protected in some manner? Yes No

Describe the efforts being undertaken to remediate the situation which permitted the Cybersecurity Event to occur.

Section 7. Number of Individuals / Entities Affected

Number affected nationally Unknown

Number affected in Kentucky Unknown

Section 8. Business-Related Information

If the licensee's own business data was involved, please provide details about the type(s) of data involved

Section 9. Notification Requirements

Is a notice to impacted Kentucky residents / entities required under Kentucky or federal law? Yes No Unknown

If yes, provide the date of notification: (Note: You should also upload a copy of the notice if not already provided to the KYDOI)

Copy of notice will be sent on a subsequent date

Section 10. Law Enforcement

Has a police report been filed? Has any regulatory, governmental, or other law enforcement agency been notified? (If yes, please attach documentation of report /notification unless already provided to the KYDOI.)

Police Report: Yes No Will be responding on a subsequent date

If yes, provide the date of notification

Regulatory Agency: Yes No Will be responding on a subsequent date

If yes, provide the date of notification

Section 11. Contact Information of Individual Familiar with Cybersecurity Event and Authorized to Act on Behalf of the Licensee

First	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>
Title	<input type="text"/>				
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
Suite/Apt/Building	<input type="text"/>				
City, State, Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>				
Fax	<input type="text"/>				
Email Address	<input type="text"/>				

Section 12. Attachments

Items to Attach:

1. A report of the results of any internal review identifying a lapse in either automated controls or internal procedures, or confirming that all automated controls or internal procedures were followed.
2. A copy of the licensee's privacy policy.
3. A statement outlining the steps the licensee will take to investigate and notify consumers affected by the Cybersecurity Event.

File	Document Type	Action
Click to select file	Internal Review	
Click to select file	Privacy Policy	
Click to select file	Investigation Outline	

Section 13. Attestation

I attest, to the best of my knowledge, that the information submitted on this form is true and correct to the best of my information and belief. By submitting this form, I am acknowledging that I am authorized to submit this form on behalf of the licensee or company. I further understand and agree that the Department affords confidential treatment to certain information submitted to the Department in accordance with 806 KAR 3:250. However, I understand that under state or federal law, the Kentucky Department of Insurance may be required to release statistical or aggregate information provided in this cybersecurity event notification. I acknowledge that copies of consumer notices may also be made available via the Department's website and the Department may also make available summary information related to cybersecurity events requiring public notification such as the identity of the licensee or third-party service provider, the number of individuals affected, the actions taken by the licensee to remedy the cybersecurity event and services available to consumers. I understand that also gives the Commissioner the authority to use the documents, materials or other information furnished by a licensee or someone acting on the licensee's behalf in furtherance of regulatory or legal actions brought as a part of the director's duties.

Yes

