

American Bankers Insurance Company of Florida

A Stock Insurance Company
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

For questions or to report a claim, please call (800) 789-2720

Important Notice: Losses must be discovered during the policy period

IDENTITY FRAUD CERTIFICATE DECLARATIONS PAGE

Certificate Number: Pro+ Cyber \$5M
Master Policy Number: IFS-31-TX-1

Certificate Holder Name and Mailing Address:

N/A

Master Policyholder Name and Mailing Address:

InfoArmor, Inc.
7350 N. Dobson Rd., Suite 101
Scottsdale, AZ 85256

Policy Period: From 01/01/2022 To: Continuous Until Cancelled
12:01 a.m. standard time at your mailing address shown above.

In return for the payment of the premium, and subject to all terms of this Certificate, **we** agree with the **Master Policyholder** to provide Insurance as stated in this Certificate.

<u>Coverage/Deductible</u>	<u>Aggregate Limit of Liability</u>
LIMITS OF INSURANCE – Allstate Identity Protection Pro+ Cyber	
Expense Reimbursement	\$5,000,000 Aggregate Limit per 12 Month Period
Cash Recovery Aggregate	\$1,000,000 per 12 Month Period Sublimit (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)
Investment & Health Savings Accounts Cash Recovery	\$1,000,000 per 12 Month Period Sublimit (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)
Senior Expense Reimbursement	\$5,000,000 per 12 Month Period (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)
Ghosting Identity Theft	\$5,000,000 per 12 Month Period (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)
Reverse Record/Professional Identity Theft	\$5,000,000 per 12 Month Period (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)
Cyber Extortion	\$5,000,000 per 12 Month Period (Part of and not in addition to Expense Reimbursement Aggregate Limit of Liability)

Emergency Cash/Lost Wallet

\$500 per 12 Month Period

Association Member Deductible: \$0.00

Premium: Paid by Policyholder

Form Numbers of Coverage Forms, Endorsements and other forms that are part of this Certificate.

IFS0003C-1016 NT0078-0120 IFS0003E-1020 IFS0020E-0621 IFS0041E-0621 IFS0064E-0621
IFS0067E-0621 IFS0069E-0621 IFS0073E-0621 IFS0017E-0916