## **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+_C	yber_	_\$5M	
Master Policy Numb	er: IFS	-31-N	IY-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.

## Coverage/Deductible

Aggregate Limit of Liability

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)

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

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IFS0067E-0621 IFS0069E-0621 IFS0073E-0621 IFS0017E-0916

IFS0010D-1220