

Notice of Breach of Security System  
To the Maryland Insurance Commissioner

This Notice of Breach form must be completed if the carrier: (i) conducts an investigation required under § 14-3504(b) or (c) of the Commercial Law Article; and (ii) determines that the breach of the security of the system creates a likelihood that personal information has been or will be misused.

Company Name: \_\_\_\_\_

Name of person filing this Notice: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Provide a brief description of the circumstances of the security breach.

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In addition to the above, this Notice must be accompanied by the following documents:

- A form copy of all notifications sent to consumers as a result of the security breach.
  
- A copy of the notice of a breach of the security of a system submitted to the Maryland Attorney General, as required under § 14-3504(h).

**MARYLAND INSURANCE ADMINISTRATION**  
**MARKET CONDUCT ACTION**  
**CERTIFICATE OF COMPLIANCE**

Pursuant to Code of Maryland Regulations (“COMAR”) 31.04.20.05 E, I \_\_\_\_\_ hereby certify to the best of my knowledge, information, and belief, that the information hereto submitted to the Maryland Insurance Administration (“Administration”) represents a full, complete, and truthful Notice, as required under Insurance Article, § 4-406, Annotated Code of Maryland.

I further attest that I am an authorized officer/representative of the Company, that I have undertaken an adequate inquiry to provide this certification to the Commissioner, and am authorized to bind the company to the responses provided.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_