

**Summary Description of Benefits  
for the Personal Internet & Identity Coverage Master Policy**

This Summary is provided to inform you that as a member of **IdentityForce** you are entitled benefits under the Master Policy referenced below. This Summary Description of Benefits does not state all the terms, conditions, and exclusions of the Policy. Your benefits will be subject to all of the terms, conditions, and exclusions of the Master Policy, even if they are not mentioned in this Summary. A complete copy of the Policy will be provided upon request.

The Master Policy of Personal Internet Identity Coverage has been issued to: **Sontiq Inc.** (the “**Master Policy Holder**”), Policy Number: [7080208 and 29106830 respectively] underwritten by insurance company subsidiaries or affiliates of American International Group, Inc., to provide benefits as described in this Summary.

**General Information**

Should you have any questions regarding the Membership Program provided by the Master Policyholder, or wish to view a complete copy of the Master Policy, please call the customer service number located in your membership materials.

**Limit of Insurance**

Aggregate Limit of Insurance:	<u>\$1,000,000</u>	per policy period
Lost Wages:	<u>\$2,000</u>	per week, for 5 weeks maximum
Travel Expenses:	<u>\$2,000</u>	per policy period
Elder Care and Child Care:	<u>\$2,000</u>	per policy period
Initial Legal Consultation	<u>\$2,000</u>	per policy period
<b>Deductible</b>	<u>\$0</u>	per policy period

**Filing a Claim**

If you have any questions regarding the identity theft insurance coverage or wish to file a claim under the Master Policy, please contact the Insurer at 1-866-IDHelp2 (1-866-434-3572).

**This is a group master policy issued to Sontiq Inc. If this master policy is terminated, your benefits will cease effective that date. It is the obligation of the master policyholder to inform you of any termination of the master policy.**

**BENEFITS**

We shall pay you for the following:

- a) Costs
  - i. Reasonable and necessary costs incurred by you in the United States for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of a stolen identity event;
  - ii. Reasonable and necessary costs incurred by you in the United States for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report a stolen identity event and/or amend or rectify records as to your true name or identity as a result of a stolen identity event;
  - iii. Reasonable and necessary costs incurred by the insured for up to six credit reports from established credit bureaus (with no more than two reports from any one credit bureau) dated within 12 months after your knowledge or discovery of a stolen identity event;

- iv. Reasonable and necessary costs approved by us, for providing periodic reports on changes to, and inquiries about the information contained in the insured's credit reports or public databases (including, but not limited to credit monitoring services);
- v. Reasonable and necessary costs of travel within the United States incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name and identity;
- vi. Reasonable and necessary costs for elder care or child care incurred as a result of the insured's efforts to amend or rectify records as to the insured's true name or identity;
- vii. Reasonable and necessary costs incurred by you for ordering medical records for the purpose of amending and/or rectifying these documents as a result of a stolen identity event;
- viii. Reasonable and necessary costs incurred by you associated with the use of any certified public accountant engaged to amend or rectify records as to your true name or identity as a result of a stolen identity event. We reserve the right to select such certified public accountant however, with our express prior written consent, you may select such public accountant; and
- ix. Reasonable and necessary costs incurred by you for the replacement of identification cards, drivers licenses and passports as a result of a stolen identity event.

b) Lost Wages

Actual lost wages earned in the United States, whether partial or whole days, for time reasonably and necessarily taken off work and away from your work premises solely as a result of your efforts to amend or rectify records as to your true name or identity as a result of a stolen identity event. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days excludes business interruption or future earnings of a self-employed professional. Computation of lost wages for self-employed persons must be supported by, and will be based on, prior year tax returns. Coverage is limited to wages lost within twelve months after your discovery of a stolen identity event.

c) Legal defense fees and expenses

Reasonable and necessary fees and expenses incurred in the United States by you with our consent for an attorney approved by us for:

- i. An initial consultation with a lawyer to determine the severity of and appropriate response to a stolen identity event;
- ii. Defending any civil suit brought against you by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of a stolen identity event;
- iii. Removing any civil judgment wrongfully entered against you as a result of the stolen identity event; and
- iv. Defending criminal charges brought against the insured as a result of a stolen identity event; provided, however, we will only pay criminal defense related fees and expenses after it has been established that the insured was not in fact the perpetrator.
- v. Challenging the accuracy or completeness of any information in the insured's medical history as a result of a medical identity theft. It is further agreed that solely with respect to subparagraph (c) the insured, with our express prior written consent, may select such attorney.

d) Unauthorized Electronic Fund Transfer Reimbursement

The principal amount, exclusive of interest and fees, incurred by you and caused by an Unauthorized Electronic Fund Transfer first occurring during the policy period for which you have sought reimbursement from the financial institution which issued the access device and holds the account from which funds were stolen, and for which you have not received reimbursement from any source.

A stolen identity event is the fraudulent use of your personal identification, social security number, or other method of identifying you, this includes the fraudulent use of the personal identity of the insured to establish credit accounts, secure loans, enter into contracts or commit crimes. Stolen identity event shall

include Medical identity theft. Medical Identity Theft means the theft of the insured's personal or health insurance information to obtain medical treatment, pharmaceutical services or medical insurance coverage. Medical identity theft also means the theft of the insured's personal or health insurance information to submit false claims for medical services or goods.

A stolen identity event does not include the theft or unauthorized or illegal use of your business name, d/b/a or any other method of identifying your business activity.

An Unauthorized Electronic Fund Transfer (UEFT) is an electronic fund transfer from your personal deposit account initiated by a person other than you without the actual authority to initiate such transfer and from which you receive no benefit. An Unauthorized Electronic Fund Transfer (UEFT) does not include an electronic fund transfer initiated: 1) by a person who was furnished the access device to your account by you, unless you have notified the financial institution that transfers by such person are no longer authorized; 2) with fraudulent intent by you or any person acting in concert with you; 3) by the financial institution of its employee; or 4) from any business or commercial account.

### **Coverage Scope**

#### *Stolen Identity Event*

The Master Policy provides benefits to you only if you report a stolen identity event to us by the contact number stated above as soon as you become aware of a stolen identity event, in no event later than 90 days after the stolen identity event is discovered by you and you follow the instructions given to you in a claims kit that you will be provided. These instructions will include notifying major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement authorities. This claims kit will also instruct you how to file for benefits under the policy if the stolen identity event results in losses covered under the policy.

You will only be covered if a stolen identity event is reported to us within 90 days of discovery. You will not be covered if the stolen identity event first occurs after termination of the master policy or termination of your membership in the Master Policyholder's program.

#### *Unauthorized Electronic Fund Transfer*

The Master Policy provides benefits to you only if you report an Unauthorized Electronic Fund Transfer to us at the contact number stated above as soon as you become aware of a Unauthorized Electronic Fund Transfer, but in no event later than 90 days after the Unauthorized Electronic Fund Transfer is discovered by you.

You will only be covered if an Unauthorized Fund Transfer: (1) first occurs while you are a member of the Master Policyholder's Membership Program, and (2) is reported to us within ninety (90) days after your discovery of the Unauthorized Fund Transfer. You will not be covered if the Unauthorized Fund Transfer first occurs after expiration or termination of the Master Policy or termination of your membership in the Master Policyholder's Membership Program.

### **Limits Of Insurance**

The most We shall pay You are the Limits of Insurance shown above. All Legal Costs shall be part of and subject to the Aggregate Limit of Insurance. **LEGAL COSTS ARE PART OF, AND NOT IN ADDITION TO, THE LIMIT OF INSURANCE.**

The Lost Wages, Travel Expense, Initial Legal Consultation, and Elder Care/Child Care Costs Limits of Insurance shown above are sublimits of the Aggregate Limit of Insurance and the most We shall pay You for lost wages, travel expense, initial legal consultation and elder care/child care.

### **Deductible**

1. You shall be responsible for the applicable Deductible amount shown above and you may not insure against it.
2. You shall be responsible for only one Deductible during any one policy period.

**Other Insurance**

We shall be excess over any other insurance, including, without limitation, homeowner's or renter's insurance. If you have other insurance that applies to a loss under this policy, the other insurance shall pay first. This policy applies to the amount of loss that is in excess of the Limit of Insurance of your other insurance and the total of all your deductibles and self-insured amounts under all such other insurance. In no event shall we pay more than our Limits of Insurance as shown above.

**DUPLICATE COVERAGES**

Should you be enrolled in more than one membership program insured by us, or any of our affiliates, we will reimburse you under each membership program:

- a) subject to the applicable deductibles and limits of liability of each insured membership program
- b) but in no event shall the total amount reimbursed to you under all membership programs exceed the actual amount of loss.