Confirmation of Cyber Coverage Declination

Named Insured:		
Address:		
This is to confirm that one or more cybe to the company (or organization) during this ren purchase cyber liability insurance. The company understands that the likelihood of coverage is reliability and other insurance policies for claims a insurance.	ewal period, and that the company has c 's insurance representative has been ad- mote under the company's GL, property	leclined to vised and , executive
	Confirmation Signature	Date
	 Title	