



To the Parents of

<<Date>> (Format: Month Day, Year)

<<Member First Name>> <<Member Last Name>>

<<Address1>>

<<Address2>>

<<City>>, <<State>> <<Zip Code>>

Subject: Security Incident

Quote No.: <<ClientDef1(QuoteNumber)>>

To the Parents of <<Member First Name>> <<Member Last Name>>,

As you may know, Anderson & Murison is a wholesale insurance broker who assisted your retail insurance agent in applying for a personal umbrella insurance policy for you and your child. We are writing to tell you about a data security incident that may have exposed some of your child's personal information. We take the protection and proper use of your child's information very seriously. That is why we are contacting you directly to let you know what happened and how we are protecting your child personally.

What Happened?

Your agent used our personal umbrella rating system to obtain a quote through Anderson & Murison's web-based online personal umbrella rating system. To request a premium estimate, your agent provided us with information relating to your child. On July 18, 2014, we discovered that some of the umbrella applications completed on our website were accessible for viewing on the internet. This inadvertent disclosure was not the result of an action or inaction by your retail insurance agent.

When we discovered the disclosure, we investigated further and learned that some of the umbrella applications completed on our web-based program were accessible for viewing on the internet at some point between June 2014 and July 18, 2014. As of July 18, 2014, those applications are no longer available for viewing. We have attached a copy of a sample application to give you an idea of the information that may have been available. Information that may have been disclosed includes your child's name, address, date of birth and driver's license.

Because some of the applications may have included information about others in your household, Anderson & Murison is taking the additional precaution of sending separate notification letters to every individual whose personal information was inadvertently disclosed. For example, if the application submitted for you listed two other members of your household who operated vehicles belonging to you, if that information included that other person's name, and date of birth or driver's license, those other persons will get letters just like this one. In that example, your household would get three total letters saying essentially the same thing.

At this time, there is no evidence to suggest that there has been, or will be, any attempt to misuse any of the information and we are unaware of any actual identity theft resulting from these disclosures. We believe that limited unauthorized access occurred, but we cannot track exactly who accessed, or if any applications were downloaded or saved. We are continuing to investigate and monitor the situation.

After learning of the inadvertent disclosure on July 18, 2014, we immediately took action to end the possibility of unauthorized access by changing the involved server's authentication passwords and credentials for the affected accounts.

Given the potentially serious nature of any data breach, we have reported the breach to law enforcement, and the California Attorney General's Office. The notification has not been delayed as a result of a law enforcement investigation.

What Are We Doing To Protect Your Child?

It is always a good practice for your child to monitor all of their financial accounts for any signs of suspicious activity. Also, if you determine that an account has been fraudulently established using their identity, you should immediately contact a credit reporting agency.

While we have no evidence that any of your child's personal information was targeted or used, as a precaution and to help relieve concerns and restore confidence following this incident, Anderson & Murison secured the services of Kroll to provide identity theft protection at no cost for 1 year. Kroll is a global leader in risk mitigation and response, and their team has extensive experience helping people who have sustained an unintentional exposure of confidential data.

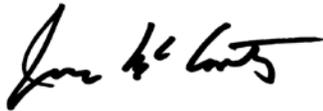
Your child's identity theft protection services include **Identity Theft Consultation and Restoration**.

What Should You Do If You Have Any Questions Or Feel Your Child Has An Identity Theft Issue?

Call 1-855-205-6946, 8 a.m. to 5 p.m. (Central Time), Monday through Friday. Kroll's licensed investigators are standing by to answer your questions or help you with concerns you may have. Please have your child's membership number ready.

Again, please know that this is a precautionary advisory, but given the seriousness of this issue, we want to assist your child in taking every safeguard necessary to ensure their privacy. We are committed to fully protecting the information entrusted to us by our retail producers and policyholders. We regret that this has happened and any inconvenience that this situation may cause you or your child. We trust that the quality and reliability of the services we are offering demonstrate our continued commitment to your child's security and satisfaction.

Sincerely,



James McCarthy
President
Anderson & Murison, Inc.

How to Take Advantage of Your Identity Theft Protection Services

Membership Number: <<Member ID>>

Help is only a phone call away.

If you have a question, need assistance, or feel your child may be a victim of identity theft, **Call 1-855-205-6946**, 8 a.m. to 5 p.m. (Central Time), Monday through Friday, and ask to speak with an investigator.

Take advantage of this no-cost opportunity and let the experts at Kroll help you assess your child's situation and safeguard their identity.



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 (323) 255-2333 or (800) 234-6977 FAX (323) 255-0957

Anderson & Murison, Inc.
 Wholesale Insurance Services

Personal Umbrella Application

Last Name	First	Middle	Producer: _____	
Address	Number & Street	City	State	Zip
Garaging Address (if different)			Agent/Brkr.Lic.#: _____	
Police Period	From:	To:	Office Address: _____	
Renews Policy Number			City: _____ State: _____ Zip: _____	
			Tel: _____ Fax: _____	

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
Application for Primary Umbrella	<input type="checkbox"/>	Basic	\$	
Application for Excess Umbrella	<input type="checkbox"/>	Residences	\$	
POLICY AMOUNT	RETENTION	Automobiles	\$	
\$	Million	Recreational Vehicles	\$	
		Watercraft	\$	
OPTIONAL COVERAGES TO APPLY:		Other	\$	
		Total	\$	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY/POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
			BODILY INJURY	PROPERTY DAMAGE
AUTOMOBILE				
PERSONAL LIABILITY				
WATERCRAFT				
RECREATIONAL VEHICLE				
UNDERLYING UMBRELLA		\$	MILLION	

OPERATOR INFORMATION

LIST ALL MEMBERS OF THE HOUSEHOLD AND ALL OPERATORS OF VEHICLES/WATERCRAFT AS REQUIRED BY COMPANY

#	NAME	DRIVERS LICENSE NUMBER	STATE	DATE OF BIRTH	VEHICLE, CRAFT, % OF USE, ETC.	MINOR VIOL. (3 YEARS)	MAJOR VIOL. (3 YEARS)	ACCIDENT (3 YEARS)
1						0	0	0
2						0	0	0
3						0	0	0
4						0	0	0

REAL ESTATE

LIST ALL OWNED, LEASED OR OCCUPIED RESIDENCES, BUILDINGS, FARMS, VACANT LAND, ETC.

#	LOCATION	DESCRIPTION	# UNITS/ACRES	YEAR BUILT	OCCUPANCY
1					
2					
3					

AUTOMOBILES RECREATIONAL			VEHICLES		
LIST ALL AUTOS OWNED, LEASED			LIST MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, ETC.		
#	YEAR	MAKE AND MODEL	#	YEAR	MAKE AND MODEL
1			1		
2			2		
3			3		

WATERCRAFT								
LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE								
#	YEAR	TYPE, MANUFACTURER, MODEL	LENGTH	H.P.	MAX SPEED	COST NEW	CURR. VALUE	WATERS NAVIGATED
1								
2								

EMPLOYMENT	
OCCUPATION	EMPLOYER'S NAME AND ADDRESS
SPOUSE'S OCCUPATION	EMPLOYER'S NAME AND ADDRESS
OTHER OPERATOR'S OCCUPATION	EMPLOYER'S NAME AND ADDRESS
PRIOR EXPERIENCE	
HAS ANY LOSS OCCURRED ON ANY PRIMARY OR EXCESS POLICY, EXCEEDING \$5,000.00 DURING THE LAST 5 YEARS? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)	PRIOR CARRIER AND POLICY NUMBER

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	#	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1	Any aircraft owned, leased, chartered or furnished for regular use?	<input type="checkbox"/>	<input type="checkbox"/>	8	Do you employ any residence employees?	<input type="checkbox"/>	<input type="checkbox"/>
2	Any driver convicted for any traffic violations? (Last 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	9	Any non-owned property exceeding \$1,000.00 in value in your care, custody or control?	<input type="checkbox"/>	<input type="checkbox"/>
3	Any driver with mental/physical impairments?	<input type="checkbox"/>	<input type="checkbox"/>	10	Any non-owned business and/or professional activities included in the primary policies?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any premises, vehicles, watercraft, aircraft used for business?	<input type="checkbox"/>	<input type="checkbox"/>	11	Does any primary policy have reduced limits of liability or eliminate coverage for specific exposures?	<input type="checkbox"/>	<input type="checkbox"/>
5	Any premises, vehicles, watercraft, aircraft, owned, hired, leased or regularly used, not covered by primary policies?	<input type="checkbox"/>	<input type="checkbox"/>	12	Was any coverage declined, cancelled, non-renewed? (Last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you engage in any type of farming operation?	<input type="checkbox"/>	<input type="checkbox"/>	13	Any motorcycles, mopeds or all terrain vehicles owned by the insured? (May be excluded)	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you hold any non-remunerative positions?	<input type="checkbox"/>	<input type="checkbox"/>	14	Any other underwriting information of which Company should be aware?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:				15	Are any business activities conducted from your residence or premises (excluded in policy jacket)?	<input type="checkbox"/>	<input type="checkbox"/>

Notice to Applicant: In compliance with Public Law 91-508 this notice is to inform you that in connection with your application for insurance (1) an investigation may be made as to your insurability, including information as to character, general reputation, personal characteristics and mode of living; and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy, if issued, and all renewals thereof, are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to

accept this insurance nor does it bind the company to issue a policy to me.

APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the states value of the claim for each violation.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT:

Applicant Signature _____ Time _____ Date _____

Agent/Broker Signature _____ Time _____ Date _____

PUMBAPP (12-96)