



Moylan's Insurance Underwriters, Inc.
424 W O Brien Dr , Ste 102
Hagatna, Guam 96910
Phone: (671)477-8613/(671)477-7500 Fax: (671)477-1837
Email: agana@moylans.net

INVOICE

Agent **Moylan's Insurance Underwriters, Inc.**
Office **Hagatna**
The Insured **Guam Community College**
Insured Postal **P.O. Box 23069, GMF**
Address **Barrigada, Guam 96921**

Invoice Date 09/22/2023	Invoice Number 81993
Assured Number 11277	UW Code 29

Detach this portion and return with remittance

Transaction Date	Policy Number	Insurance Company	Effective Date	Expiration Date
09/22/2023	20220910376-0002	DB Insurance Co., Ltd.	10/01/2023	10/01/2024
Description (Refer To Attached Endorsement For Details)				

Internal Policy No.: A114293	
DI Comprehensive 3D Insurance <i>Cyber Liability</i>	\$4,050.00
Fee:	\$0.00
Tax:	\$0.00
Amount Due	\$4,050.00

(Please make checks payable to : Moylan's Insurance Underwriters, Inc.)

ENDORSEMENT NOTE

Insured Name: Guam Community College

Endorsement No 20220910376 – 0002

Additional Premium: \$4,050.00


For and in consideration of an additional premium of \$4,050.00, it is understood and agreed that the Premium due for the 3rd Year from October 01, 2023 to October 01, 2024 is hereby billed to the Insured per attached Payment Schedule Agreement. Refer to your Cyber Liability Policy No. 986553 – 986553 (DDD000158 -A00) for complete details of the coverages, terms, limits, and conditions.

Nothing herein contained shall be held to vary, alter, waive, or change any of the terms, limits, or conditions of the Policy, except as hereinafter set forth.

This endorsement is effective October 01, 2023 (10/01/2023–10/01/2024)

Attached to and forming part of Policy No. 986553 – 986553 (DDD000158 -A00) of DB INSURANCE CO., LTD.

Date Issued: September 22, 2023
CLT 11277/COV /AGT 96/UND 29/HFC

By: 
Authorized Representative
Moylan's Insurance Underwriters, Inc.
General Agent

Payment Schedule Agreement

Insured's Name: Guam Community College

Installment No.	Amount Due	Due Date 10/01/2021 to 10/01/2022	Due Date 10/01/2022 to 10/01/2023	Due Date 10/01/2023 to 10/01/2024	Due Date 10/01/2024 to 10/01/2025	Due Date 10/01/2025 to 10/01/2026
Beginning Balance	\$4,050.00					
1	\$675.00	10/01/2021	10/01/2022	10/01/2023	10/01/2024	10/01/2025
2	\$675.00	11/01/2021	11/01/2022	11/01/2023	11/01/2024	11/01/2025
3	\$675.00	12/01/2021	12/01/2022	12/01/2023	12/01/2024	12/01/2025
4	\$675.00	01/01/2022	01/01/2023	01/01/2024	01/01/2025	01/01/2026
5	\$675.00	02/01/2022	02/01/2023	02/01/2024	02/01/2025	02/01/2026
6	\$675.00	03/01/2022	03/01/2023	03/01/2024	03/01/2025	03/01/2026

By acknowledging this Payment Schedule Agreement ("Agreement"), the Insured understands and agrees that failure to make payments according to the Agreement shall cause the entire unpaid balance to become due.

In the event it becomes necessary to retain the services of an attorney in our collection efforts, the Insured agrees to pay any and all attorney's fees equivalent to 15% of the unpaid balance.

Any unpaid balance shall be assessed interest at the rate of 12% per annum.

The Insured further understands and agrees that if a Total Loss claim is filed against the policy, the premium balance will be deducted from the loss proceeds. For Partial Losses, the payment schedule will remain the same. Where the payment schedule has not been followed and a claim has been filed, the Insured agrees that premium payments must be paid in FULL prior to settlement.

Nothing contained in this Agreement shall be construed to vary, alter, waive or change any of the terms, limits or conditions of the policy except as set forth herein.

This Agreement is effective **October 01, 2021**

This Agreement shall be attached to and shall form part of Policy No. 988553 - 988553 (DDD000158-A00) issued by DB Insurance Co., Ltd.

DB Insurance Co. Ltd.
By: Moylan's Insurance Underwriters, Inc.
General Agent

Insured:
Guam Community College

Authorized Signature
August 25, 2021

Signature of Insured
August 25, 2021

"CERTIFIED TRUE COPY"
MOYLAN'S INSURANCE UNDERWRITERS, INC.

General Agent

CYBER LIABILITY POLICY DECLARATIONSIssued by **DB INSURANCE CO., LTD.****Policy Period:** From: **01-Oct-2021** to **01-Oct-2026** at **12:01 AM Local Standard Time****Policy Number:** **986553 - 986553 (DDD000158-A00)****1. Named Insured:** **Guam Community College****2. Address:** **P.O. Box 23069, GMF
Barrigada, Guam 96921****3. Policy Limits of Liability and Coverages Purchased**

You have purchased some or all of the following Insuring Modules. Only those Insuring Module(s) that specify a Limit of Liability below have been purchased. If an Insuring Module has not been purchased that portion of this policy is not applicable.

3(A) LIMIT OF LIABILITY

- 1) ☐ **INSURING MODULE 1: TECHNOLOGY SERVICES
NOT COVERED**
- 2) ☒ **INSURING MODULE 2: MISCELLANEOUS PROFESSIONAL SERVICES
\$10,000.00 Each Claim**
- 3) ☒ **INSURING MODULE 3: MULTIMEDIA AND INTELLECTUAL PROPERTY LIABILITY
\$10,000.00 Each Claim**
- 4) ☒ **INSURING MODULE 4: SECURITY AND PRIVACY LIABILITY
\$100,000.00 Each Claim**
- 5) ☐ **INSURING MODULE 5: PRIVACY REGULATORY DEFENSE AND PENALTIES
NOT COVERED**
- 6) ☐ **INSURING MODULE 6: PCI DSS FINES AND ASSESSMENTS
NOT COVERED**
- 7) ☐ **INSURING MODULE 7: EVENT SUPPORT EXPENSES
NOT COVERED**
- 8) ☐ **INSURING MODULE 8: REPUTATIONAL DAMAGE
NOT COVERED**
- 9) ☐ **INSURING MODULE 9: NETWORK EXTORTION
NOT COVERED**
- 10) ☒ **INSURING MODULE 10: BUSINESS INCOME LOSS
\$10,000.00 Each Claim**
- 11) ☐ **INSURING MODULE 11: DATA ASSET RECOVERY
NOT COVERED**
- 12) ☐ **INSURING MODULE 12: DEPENDENT BUSINESS INCOME LOSS AND DATA ASSET RECOVERY
NOT COVERED**
- 13) ☐ **INSURING MODULE 13: HARDWARE REPLACEMENT COSTS
NOT COVERED**
- 14) ☐ **INSURING MODULE 14: FORENSIC ACCOUNTING COSTS
NOT COVERED**
- 15) ☐ **INSURING MODULE 15: PHYSICAL DAMAGE, PHYSICAL LOSS AND DEBRIS REMOVAL
NOT COVERED**

"CERTIFIED TRUE COPY"
MOYLAN'S INSURANCE UNDERWRITERS, INC.

CYBER CRIME INSURING MODULES

16) ☐ **INSURING MODULE 16: ELECTRONIC THEFT, COMPUTER FRAUD AND TELECOMMUNICATIONS FRAUD**

NOT COVERED

17) ☐ **INSURING MODULE 17: SOCIAL ENGINEERING FRAUD**

NOT COVERED

18) ☐ **INSURING MODULE 18: INVOICE MANIPULATION FRAUD**

NOT COVERED

ENDORSED COVERAGES - NONE

3(B) TOTAL LIMIT OF LIABILITY UNDER THE POLICY

\$100,000.00 is the Total Limit of Liability under the policy

3(C) Notwithstanding the aggregate Limit of Liability under each Insuring Module as set forth in item 3(A) above, all payments made under the policy, regardless of the number of Insuring Modules that apply will reduce the total Limit of Liability as set forth in item 3(B) above. In no event will Underwriters pay more than the total Limit of Liability as set forth in item 3(B) above.

4. DEDUCTIBLE and WAITING PERIOD

1) ☐ **INSURING MODULE 1: TECHNOLOGY SERVICES**

\$ NOT COVERED each and every claim including claims expenses

2) ☒ **INSURING MODULE 2: MISCELLANEOUS PROFESSIONAL SERVICES**

\$1,000.00 each and every claim including claims expenses

3) ☒ **INSURING MODULE 3: MULTIMEDIA AND INTELLECTUAL PROPERTY LIABILITY**

\$1,000.00 each and every claim including claims expenses

4) ☒ **INSURING MODULE 4: SECURITY AND PRIVACY LIABILITY**

\$1,000.00 each and every claim including claims expenses

5) ☐ **INSURING MODULE 5: PRIVACY REGULATORY DEFENSE AND PENALTIES**

NOT COVERED each and every claim and

6) ☐ **INSURING MODULE 6: PCI DSS FINES AND ASSESSMENTS**

NOT COVERED each and every claim including claims expenses

7) ☐ **INSURING MODULE 7: EVENT SUPPORT EXPENSES**

NOT COVERED each and every claim

8) ☐ **INSURING MODULE 8: REPUTATIONAL DAMAGE**

NOT COVERED each and every claim including claims expenses

9) ☐ **INSURING MODULE 9: NETWORK EXTORTION**

NOT COVERED each and every claim including claims expenses

10) ☒ **INSURING MODULE 10: BUSINESS INCOME LOSS**

\$1,000.00 each and every claim including claims expenses

Loss of Business Income Coverage Waiting period : 3 Days

11) ☐ **INSURING MODULE 11: DATA ASSET RECOVERY**

NOT COVERED each and every claim including claims expenses

12) ☐ **INSURING MODULE 12: DEPENDENT BUSINESS INCOME LOSS AND DATA ASSET RECOVERY**

NOT COVERED each and every claim including claims expenses

Loss of Business Income Coverage Waiting period : _ Days

13) ☐ **INSURING MODULE 13: HARDWARE REPLACEMENT COSTS**

NOT COVERED

14) ☐ INSURING MODULE 14: FORENSIC ACCOUNTING COSTS
NOT COVERED

15) ☐ INSURING MODULE 15: PHYSICAL DAMAGE, PHYSICAL LOSS AND DEBRIS REMOVAL
NOT COVERED

CYBER CRIME INSURING MODULES

16) ☐ INSURING MODULE 16: ELECTRONIC THEFT, COMPUTER FRAUD AND TELECOMMUNICATIONS
FRAUD
NOT COVERED

17) ☐ INSURING MODULE 17: SOCIAL ENGINEERING FRAUD
NOT COVERED

18) ☐ INSURING MODULE 18: INVOICE MANIPULATION FRAUD
NOT COVERED

ENDORSED COVERAGES - NONE

5. RETROACTIVE DATE 10/01/2021

6. PREMIUM \$4,050.00 x 5

7. NOTICE OF CLAIM Equitable Adjusting & Service, Equitable Adjusting & Services Company, 424 West O'Brien Drive, Suite 217, Hagatna, Guam 96910, Tel No. (671) 477-7514| Fax No. (671) 477-7515, Email: claims@moylans.net

8. SERVICE OF SUIT Moylan's Insurance Underwriters, Inc. 424 West O'Brien Drive, Suite 217, Hagatna, Guam 96910, Tel No. (671) 477-8613| Fax No. (671) 477-1837, Email: agana@moylans.net

9. CHOICE OF LAW Guam

10A. TERRITORIAL LIMITS Guam

10B. JURISDICTION Guam

11. MISCELLANEOUS PROFESSIONAL SERVICES College/ School
FOR WHICH COVERAGE HAS BEEN PURCHASED

Conditions & Endorsements Cancellation Clause
Jurisdiction
Payment Schedule Agreement
Multi Year Agreement Endorsement
Territory
DB Standard Cyber Policy Form No. CY CB PCF 09 01

DB INSURANCE CO., LTD.

Date Issued: 08/25/2021

By: 
Authorized Representative
Moylan's Insurance Underwriters, Inc.
General Agent