Chapter 16

Insurance Coverage for Data Breaches, Cyber Crime, and Unauthorized Privacy Disclosures

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§ 16:1  Overview

The unauthorized disclosure of personal and other confidential information has become a well-known and ever-increasing risk for holders of third-party information and business data.¹ Notification letters from companies that have suffered data breaches have become

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commonplace, and high-profile breaches of millions of records at major companies have become the subject of headlines and board of directors meetings around the world.\(^2\)

In addition to asserted claims of data privacy breaches, risks from technology exposures include business interruption, extortion demands, inability to perform obligations to others, damage to reputation, and loss or distortion of company and client data. As businesses continue to evolve in a technology-driven environment, so too do practices for the handling and protection of sensitive information and data. Due to the ubiquity and increasing quantity of digital information, information holders are exposed to a multitude of risks that data can be lost or stolen.\(^3\) The costs associated with a data breach or unauthorized disclosure of confidential information can be substantial,\(^4\)

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Resorts, Facebook, Twitter, and DoorDash experienced data breaches in 2019 and 2020.


4. In 2019, the costs of a compromised record reportedly averaged $150 per record globally, and the average cost per data breach event was $3.86 million. Data breaches are most expensive in the United States where the average cost per data breach event was $8.64 million. 2020 Cost of...
and they are likely to continue to increase as governmental regulators and the plaintiffs’ bar become increasingly vigilant and sophisticated in cyber privacy issues and concerns.⁵ At the same time, corporate directors and officers are facing increased exposure to liability in relation to data breaches, as plaintiffs’ attorneys have endeavored to hold them responsible for allegedly inadequate attention to data security.⁶

As the risks associated with data and privacy breaches continue to grow and evolve, companies and individuals have turned, in varying degrees, to their insurers for protection. One report estimated the market for cyber insurance in 2018 at $4.85 billion in gross annual premiums and predicts it to increase to $28.6 billion by 2026.⁷ The number of companies and individuals buying stand-alone cyber policies for the first time reportedly increased by 50% from 2018 to 2019, with companies that handle large amounts of personal data, such as health care, education, manufacturing, logistics, hospitality and gaming, and telecommunications, having the highest growth.⁸ The demand for cyber coverage is also increasing in the financial, energy, utilities, and transportation sectors due to the increasing risks they face from interconnectivity with consumers.⁹

Historically, claims for insurance for data privacy risks have been asserted under traditional coverages, including commercial general liability (CGL) policies, directors and officers (D&O) liability insurance, errors and omissions (E&O) policies, and commercial crime and first-party property and business interruption policies. Insurers, however, have frequently taken the position that these traditional coverages do not cover claims for data and privacy breaches.

Data Breach Study: Global Overview (July 2020), PONEMON INST. LLC, www.ibm.com/security/data-breach. Costs associated with a typical data breach can include, but are not limited to, internal investigations, forensic experts, consumer notifications, discounts for future products and services, credit monitoring, crisis management, call centers, attorney fees, payment card industry fines, increased processing fees, litigation [including damages, awards and settlements, agency and attorney general actions], reputational costs, and technology upgrades. Id.

5. See infra sections 16:3.3 and 16:2.2.

6. See infra section 16:2.3[A].


9. Id.
An insurance coverage case filed by Arch Insurance Company against Michaels Stores is illustrative.\textsuperscript{10} Michaels Stores faced a series of lawsuits alleging that it had failed to safeguard customers against a security breach related to its credit and debit PIN pad terminals. Customers alleged that Michaels’ failure to secure the terminals allowed criminals to access customer financial information and make unauthorized withdrawals and purchases. Michaels sought coverage under its traditional form CGL policy. Arch, the insurer, sued Michaels in federal court, claiming its policy did not cover the losses and seeking a declaration that it had no duty to defend or indemnify against the underlying claims. In the coverage lawsuit, Arch claimed that the property damage alleged in the underlying complaint was not covered because “electronic data” was excluded from the definition of tangible property. It also contended that the policy excluded damages arising out of the “loss or, loss of use, or damage to, corruption of, inability to access, or inability to manipulate electronic data.”

Whether or not you agree with the positions taken by either of the parties in the litigation, these cases are not uncommon. Similar cases have been brought involving Zurich American Insurance,\textsuperscript{11} Colorado Casualty,\textsuperscript{12} Landmark American Insurance,\textsuperscript{13} Federal Insurance,\textsuperscript{14}

\begin{enumerate}
\item Complaint, Zurich Am. Ins. Co. v. Sony Corp. of Am., No. 651982/2011 [N.Y. Sup. Ct. July 20, 2011] (insurer claimed it was not obligated to defend or indemnify against a class action suit for hackers’ theft of identification and financial information; Zurich claimed theft of the information did not fall within policy coverage areas of “bodily injury,” “property damage,” or “personal and advertising injury”). For further discussion, see infra note 73 and accompanying text.
\item Recall Total Info. Mgmt., Inc. v. Fed. Ins. Co., 115 A.3d 458 [Conn. 2015] (insurer claimed that Recall’s policy did not cover liability for loss of electronic data on computer tapes containing personal information of IBM employees). For further discussion, see infra section 16:2.2.
\end{enumerate}
Travelers,\textsuperscript{15} Columbia Casualty,\textsuperscript{16} and National Fire,\textsuperscript{17} to name just a few. A similar line of cases exists in the first-party property context where carriers have taken the position that there is no coverage for costs incurred to respond to a security breach, usually on the theory that the loss of electronic data is not “physical” and therefore is not covered under a policy that insures only “physical loss” or “physical damage” to covered property.\textsuperscript{18} More recently, CGL and traditional property insurance policies have tended to include specific exclusions aimed at eliminating coverage for cyber risks in their entirety or at least in part.\textsuperscript{19}

\begin{itemize}
  \item \textsuperscript{15} Complaint, Travelers Indem. Co. of Conn. v. P.F. Chang’s China Bistro, Inc., No. 3:14-cv-01458-VLB, 2014 WL 5280480 [D. Conn. Oct. 2, 2014] (seeking declaration that insurer has no duty to defend or indemnify insured for underlying lawsuits stemming from a data breach that alleged the insured failed to properly safeguard its customers’ information); \textit{see infra} section 16:3.2[O].
  \item \textsuperscript{16} Complaint, Columbia Cas. Co. v. Cottage Health Sys., No. 2:15-cv-03432 [C.D. Cal. May 7, 2015] (seeking a declaration that there was no coverage under the insured’s “NetProtect 360” cyber policy for an underlying class action lawsuit stemming from a data breach of over 30,000 confidential medical records), \textit{dismissed}, No. 2:15-cv-03432 [C.D. Cal. July 17, 2015], ECF No. 22 [by Order Granting Motion to Dismiss]. \textit{See infra} note 277.
  \item \textsuperscript{17} Amended Complaint, Nat’l Fire Ins. Co. of Hartford v. Med. Informatics Eng’g, Inc., No. 1:16-cv-00152 [N.D. Ind. June 1, 2016], ECF No. 9 (seeking declaration that insurers do not have to defend or indemnify their insured for multidistrict litigation over a data breach affecting 3.9 million patients, on grounds that claim falls outside insured’s general liability policies and is barred by several exclusions) \textit{dismissed} No. 1:16-cv-00152 [N.D. Ind. June 10, 2020], ECF No. 62 [by joint motion].
  \item \textsuperscript{19} \textit{See, e.g.}, ISO Endorsement CG 21 07 05 14 [2013] (excluding “[1] any access to or disclosure of any person’s or organization’s confidential or personal information, including . . . financial information, credit card information, health information or any other type of nonpublic information; or [2] the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data”); Complaint, Arch Ins. Co. v. Michaels Stores Inc., No. 12-0786 [N.D. Ill. Feb. 3, 2012] (asserting that policy at issue excludes “electronic data” from the definition of
\end{itemize}
Given these lines of cases, the substantial costs associated with litigating a major coverage case, and the tactical complexities of having to simultaneously deal with claims from a cyber loss and prosecute or defend an insurance dispute, businesses have sought more clearly applicable coverages. Insurers have responded by developing insurance products specifically designed to respond to cyber issues with a panoply of names such as network risk policies, cyber insurance, network security liability, privacy liability, and data loss policies. Insurers have also developed endorsements to traditional policies that may extend various coverages to cyber risks, though those endorsements are often narrowly drawn. New policy offerings may present opportunities to close gaps in an existing coverage program; however, these new insurance products should be carefully evaluated to compare tangible property); Recall Total Info. Mgmt., Inc. v. Fed. Ins. Co., 2012 Conn. Super. LEXIS 227, at *17 [Super. Ct. Jan. 17, 2012] [definition of property damage provided that “tangible property does not include any software, data or other information that is in electronic form.”], aff’d, 115 A.3d 458 (Conn. 2015); see infra notes 32, 35, 51, and 78. See generally 2 STUART A. PANENSKY ET AL., DATA SEC. & PRIVACY LAW § 14:23 (2015) [stating that a recent version of the ISO Commercial General Liability Coverage form specifically excludes electronic data as tangible property in its definition of property damage]; Ins. Servs. Office, Inc., Commercial General Liability Coverage Form CG 00 01 10 01, § V (17)(b) (2008), LEXIS, ISO Policy Forms (“For the purposes of this insurance, electronic data is not tangible property. As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media. ...”).


21. See, e.g., Complaint, Clarus Mktg. Grp., LLC v. Phila. Indem. Ins. Co., No. 11-2931 (S.D. Cal. 2011) [the “Network Security and Privacy Liability Coverage Endorsement” covered damages against “any actual or alleged breach of duty, neglect, act, error or omission that result[s] in a Privacy Breach”; the parties ultimately settled and filed a joint motion to dismiss].

22. See, e.g., Universal Am. Corp. v. Nat’l Union Fire Ins. Co. of Pittsburgh, Pa., 38 Misc. 3d 859 (N.Y. Sup. Ct.), aff’d, 110 A.D.3d 434 (N.Y. App. Div. 2013), aff’d, 25 N.Y.3d 675 (2015) [coverage denied because “Computer Systems Fraud” rider to the insured’s Financial Institution Bond was not intended to cover “fraudulent claims which were entered into the system by authorized users”]; Tornado Techs., Inc. v. Quality Control Inspection, Inc. 977 N.E.2d 122 (Ohio Ct. App. 2012) [coverage denied because “Computer Coverage Form” did not apply to the location where back-up servers were located].
the coverage offered to a particular company’s cyber risk profile, including its exposure to data and privacy breaches, and to insurance already available to it from traditional coverages.

The next section of this chapter discusses some of the issues that have arisen from the application of traditional insurance coverages to cyber losses and privacy breaches. While there is still only limited case law analyzing new cyber policies, the chapter then discusses some of the important issues to consider in evaluating these more recent forms.

§ 16:2   Applicability of Historic Coverages

Though there are a variety of potentially applicable coverages, traditional insurance for privacy and security breaches is most commonly sought under an insured’s CGL or property policies. Both types of policies cover losses relating to damage to property. CGL policies also provide coverage for certain specified types of “advertising injury” and “personal injury,” which sometimes, particularly under older forms, may include invasion of privacy. Coverage may also be sought under directors and officers liability (“D&O”), errors and omissions (“E&O”) or crime policies.

§ 16:2.1 First- and Third-Party Coverages for Property Loss

Insurance practitioners typically distinguish between two types of coverage—first-party coverage, which generally insures a loss to the insured’s own property; and third-party coverage, which generally provides insurance for liability claims asserted against the insured by third parties for bodily injury or damage to the claimant’s property.23

In the absence of dispositive exclusions for cyber risks, the availability of coverage for privacy breaches or other cyber risks under either a first-party property policy or the property liability coverage of a third-party CGL policy usually turns on the issue of whether the loss of computer data or information constitutes “physical damage” to “tangible property” under the governing policy language. Although first-party and third-party coverages apply to different types of losses, the same definitional issues are often raised by cyber claims and

analyzed by courts assessing the availability of each kind of coverage. In each case, “property damage” is typically defined in the policy or by case law as “physical injury to tangible property, including resulting loss of use of that property . . . , or loss of use of tangible property that is not physically injured.”

Courts are divided as to whether property losses relating to computer software and data constitute “physical injury” to “tangible property” for purposes of an insurance claim. While cases have held repeatedly that physical damage to computer hardware is covered under first- and third-party insurance policies, courts have sometimes struggled with the issue of whether damage to data or software alone qualifies as physical injury to tangible property.

[A] First-Party Property Policies

Cases are divided over whether lost data or software is covered under traditional first-party property policies. While some courts have


25. E.g., Lambrecht & Assocs., Inc. v. State Farm Lloyds, 119 S.W.3d 16, 23–25 [Tex. App. 2003] [holding that first-party policy covered data losses due to damage to computer server: “the server falls within the definition of ‘electronic media and records’ because it contains a hard drive or ‘disc’ which could no longer be used for ‘electronic data processing, recording, or storage’”; Nationwide Ins. Co. v. Hentz, 2012 U.S. Dist. LEXIS 29181 [S.D. Ill. Mar. 6, 2012], aff’d, Nationwide Ins. Co. v. Cent. Laborers’ Pension Fund, 704 F.3d 522 [7th Cir. 2013] [finding “property damage” under homeowner’s insurance policy since the insured’s losses resulted from the theft of a CD-ROM, which constituted “tangible property”; however, an exclusion still applied to bar coverage]; Cincinnati Ins. Co. v. Prof’l Data Servs., Inc., 2003 WL 22102138, at *5–8 [D. Kan. July 18, 2003] [for purposes of third-party coverage, damage to computer hardware constitutes “property damage” and would trigger coverage, but damage to software alone does not].

26. See infra section 16:2.1[A]–[B].
taken the position that software and data are not tangible property, others have applied a broader definition of “physical damage” and held that data itself constitutes physical property. In addition, various

27. See, e.g., Metro Brokers, Inc. v. Transp. Ins. Co., 603 F. App’x 833 (11th Cir. 2015) [holding that the insured’s first-party property policy’s coverage of “forgery” applied only to so-called traditional negotiable instruments and, therefore, there was no coverage for the fraudulent electronic transfer of money from the insured’s client’s escrow accounts]; Camp’s Grocery, Inc. v. State Farm Fire & Cas. Co., 2016 U.S. Dist. LEXIS 147361 [N.D. Ala. Oct. 25, 2016] [claims related to compromised electronic data were not claims for property damage]; Liberty Corp. Capital Ltd. v. Sec. Safe Outlet, Inc., 937 F. Supp. 2d 891, 901 [E.D. Ky. 2013] [email addresses stolen from electronic databases did not constitute “tangible property” and were excluded by policy’s exclusion of “electronic data”]; Carlon Co. v. Delaget, LLC, No. 11-CV-477-JPS, 2012 WL 1854146 [W.D. Wis. May 21, 2012] [holding electronic funds were not tangible property]; Greco & Traficante v. Fid. & Guar. Ins. Co., 2009 Cal. App. Unpub. LEXIS 636, at *12–13 [ Ct. App. Jan. 26, 2009] [data lost due to power outage that did not damage physical media such as disks or computers not covered by a first-party property policy]; Ward Gen. Servs., Inc. v. Emp’rs Fire Ins. Co., 7 Cal. Rptr. 3d 844 [ Ct. App. 2003] [data loss due to a computer crash and human error did not constitute a loss of tangible property under a first-party policy].

cases have held that the inability to use a computer due to damaged
data may constitute a “loss of use” and thus covered property damage
under a first-party policy,\textsuperscript{29} at least in the absence of an applicable
exclusion for wear and tear or latent defect.\textsuperscript{30}

While decisions have found coverage for lost or damaged data
as property damage under traditional first-party property policies,\textsuperscript{31}
many insurers have responded by taking steps to exclude electronic
data from the definition of tangible property.\textsuperscript{32} Indeed, the Insurance

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831, 838 (W.D. Tenn. 2006) (“property damage” includes not only “physical
destruction or harm of computer circuitry, but also loss of access, loss
of use, and loss of functionality,” so a first-party property policy covered
loss of use of a computer after loss of stored programming information
and configurations); Lambrecht & Assocs., Inc. v. State Farm Lloyds, 119
S.W.3d 16, 23–24 [Tex. App. 2003] [loss of use of computers, as well
as loss of data, constituted physical loss and fell within the scope of
policy coverage]; Metalmasters of Minneapolis, Inc. v. Liberty Mut. Ins.
Co., 461 N.W.2d 496, 502 [Minn. Ct. App. 1990] [data loss covered by
first-party property policy because computer tapes themselves were phys-
ically damaged in flood]; Nat’l Ink & Stitch, LLC v. State Auto Prop. &
damage to” policy language did not require the computer system’s “utter
inability to function” and provided coverage for “loss of use, loss of reli-
ability, or impaired functionality”).

30. \textit{See, e.g.}, GF&C Holding Co. v. Hartford Cas. Ins. Co., No. 11-cv-00236,
property damage where insured’s hard drives failed, but holding coverage
unavailable where exclusion provided that insurer “will not pay for phys-
icial loss or physical damage caused by or resulting from . . . wear and
tear . . . [or] latent defect”).


2d 891, 901 [E.D. Ky. 2013] [no coverage for misappropriation of email
addresses from electronic databases based on finding that customer
email list does not fall within definition of “tangible property” and also
excluded under electronic data exclusion]; RVST Holdings, LLC v. Main
denyimg coverage for third-party claim arising out of data breach, rea-
soning that the policy provided that “electronic data is not tangible prop-
erty” and excluded “[d]amages arising out of the loss of . . . electronic
664 [Conn. App. Ct. 2014], aff’d, 115 A.3d 458 [Conn. 2015] [because
electronic data was specifically excluded, coverage did not exist under
CGL and umbrella policies for notification and other costs incurred when
unencrypted data tapes containing personal information fell from the
back of a truck and were stolen; court found that damage arose from the
data, not the actual tapes]; Ins. Servs. Office, Inc., Commercial Liability
Umbrella Form 00 01 12 04 § V[18][b] (2004), \textit{available at LEXIS, ISO
§ 16:2.1  PROSKAUER ON PRIVACY

Services Office (ISO) amended the definition of property damage in 2001 to specifically omit coverage for “electronic data” and, in 2004, added an exclusion for “[d]amages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.” While some policies utilize such an exclusion, others provide coverage for such losses and related business interruption.

[B] Third-Party CGL Policies: Coverage for Property Damage Claims

Courts have been similarly mixed in deciding whether lost data or software constitute covered property damage in the context of third-party CGL policies. In some cases, the courts have found that

Policy Forms (“For the purposes of this insurance, electronic data is not tangible property.”). See generally 3 MARTHA A. KERSEY, NEW APPLEMAN ON INSURANCE LAW LIBRARY EDITION § 18.02[4][a] (2020) (standard CGL policy form now defines electronic data and specifically excludes it from the definition of property damage).


35. See, e.g., Greco & Traficante v. Fid. & Guar. Ins. Co., 2009 Cal. App. Unpub. LEXIS 636, at *12–13 [Ct. App. Jan. 26, 2009] (because computer and disks were not damaged, data loss was not covered by a first-party property policy); Complaint, Moses Afonso Ryan Ltd. v. Sentinel Ins. Co., No. 1:17-CV-00157 [D.R.I. Apr. 21, 2017] (a demand for $25,000 from a small law firm in a ransomware attack also resulted in a multi-month, $700,000 business interruption loss; coverage was denied under the firm’s property policy); Stipulation of Dismissal with Prejudice Ordered, Moses Afonso Ryan Ltd. v. Sentinel Ins. Co., No. 1:17-CV-00157 [D.R.I. May 1, 2018], ECF No. 16. Moreover, in some traditional first-party property policies, where data is specifically covered, the sublimit is often low and the value of lost data is limited to the cost of blank media if the data is not replaced. See, e.g., Chubb “Electronic Data Processing Property” coverage form (80-02-1017 [Rev. 7-03]) (coverage for “electronic data” subject to sublimit and valuation based on replacement or reproduction cost, but if data is not replaced or reproduced, coverage is limited to cost of blank media).

liability based on loss of data does not trigger coverage. For example, in *America Online, Inc. v. St. Paul Mercury Insurance Co.*, the Fourth Circuit concluded that damage to and loss of use of customers’ data and software were not covered under a CGL policy because there was no damage to “tangible property” under the definition of “property damage.” The court reasoned that computer data was “an abstract idea in the minds of the programmer and the user,” so loss or damage to software or data was “not damage to the hardware, but to the idea.”

Other courts have applied a broader concept of “physical damage” and held that data constitutes physical property. For example, in *Computer Corner, Inc. v. Fireman’s Fund Insurance Co.*, the court reasoned that because computer data “was physical, had an actual physical location, occupied space and was capable of being physically damaged and destroyed,” that lost data was covered under a CGL policy. In addition, courts have held that an alleged “loss of use” may constitute covered property damage under a CGL policy, where there is appropriate policy wording.

A leading authority in this area is the decision of the U.S. Court of Appeals for the Eighth Circuit in *Eyeblaster, Inc. v. Federal Insurance Co.* In that case, Eyeblaster, an Internet advertising company, sought coverage under two policies, a general liability policy and an information and network technology errors and omissions liability policy, for claims alleging that its products had caused damage to

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39. *Id.* at 96.

40. *Id.* at 95–96.


43. *See, e.g., State Auto Prop. & Cas. Ins. Co. v. Midwest Computs. & More*, 147 F. Supp. 2d 1113, 1116 [W.D. Okla. 2001] (computer data was not tangible property, but a computer is tangible property so loss of use of that property constitutes property damage where the policy includes coverage for “loss of use of tangible property”).

a user’s computer. After stating that the plain meaning of “tangible property” includes computers, the Eighth Circuit ruled that the claims against Eyeblaster fell within the CGL policy because the underlying suit repeatedly alleged a “loss of use” of a computer. The court found coverage under these circumstances even though the CGL policy excluded electronic data from the definition of “tangible property.” According to the court, the alleged “loss of use” of the physical computer hardware implicated coverage under the policy.

Under this approach, though the loss of data itself may not be covered because it fails to qualify as damage to tangible property, the loss of use of computer hardware due to a loss of data may allow coverage.

Although some decisions find that lost or corrupted data or loss of use constitutes property damage, evolving policy definitions and exclusions in CGL policies now often state specifically that electronic data is not tangible property covered under property damage provisions or exclude damages arising out of the loss of use of electronic data. As a result, policyholders seeking coverage for a data loss under the property damage provisions of a traditional CGL policy may increasingly encounter obstacles to purchasing such coverage. While insureds confronted with a cyber loss should evaluate the availability of coverage under property damage provisions of CGL policies, another successful avenue for coverage of data breach and privacy claims—at least in the liability context—is often found in the coverage for personal and advertising injury.

45. Id. at 799.
46. Id. at 802.
47. Id.
48. Id.
49. Id.
51. See, e.g., Eyeblaster, 613 F.3d at 802 [definition of “tangible property” excludes “any software, data or other information that is in electronic form”]; Ins. Servs. Office, Inc., Commercial Liability Umbrella Form CU 00 01 12 04 § V[18][b] (2004), available at LEXIS, ISO Policy Forms (“For the purposes of this insurance, electronic data is not tangible property.”); Ins. Servs. Office, Inc., Commercial Liability Umbrella Coverage Form CU 00 01 12 04 § A.2.t (2004), available at LEXIS, ISO Policy Forms [excluding “damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access or inability to manipulate electronic data”].
CGL Coverage for Personal and Advertising Injury Claims

CGL policies typically provide liability coverage for damages arising from claims against the insured that involve bodily injury, property damage, advertising injury, and personal injury. While insurers continue to add exclusions in an effort to restrict insurance for cyber claims, in addition to property damage coverage discussed above, coverage for data breaches and privacy-related claims may exist under CGL policy provisions insuring “personal injury” and “advertising injury,” particularly where they include coverage for liability arising from “oral or written publication, in any manner, of material that violates a person's right of privacy.”

52. The April 2013 revisions to the ISO CGL form introduced a new endorsement entitled “Amendment of Personal and Advertising Injury Definition.” This endorsement explicitly excludes the right of privacy provision from paragraph 14.e. of the Personal and Advertising Injury definitions section (“[o]ral or written publication, in any manner, of material that violates a person's right of privacy”). Ins. Servs. Office, Inc., Commercial Liability Form CG 24 13 04 13 (2013), available at LEXIS, ISO Policy Forms; see also supra section 16:2.1[B].

53. See supra section 16:2.1[B].

54. Two illustrative provisions are as follows:

“Personal injury” is defined as an injury, other than “bodily injury,” arising out of certain enumerated offenses including: 1) false arrest, detention or imprisonment, 2) malicious prosecution, 3) wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies by or on behalf of its owner, landlord or lessor, 4) oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products, or services, or 5) oral or written publication of material that violates a person’s right of privacy.

9A STEVEN PLITT ET AL., COUCH ON INSURANCE § 129:7 (3d ed. 2014) [emphasis added]

“Advertising injury” is defined as injury arising out of certain enumerated offenses, including: 1) oral or written publication of material that slanders or libels a person or organization or disparages a person’s or organization’s goods, products, or services; 2) oral or written publication of material that violates a person’s right of privacy; 3) misappropriation of advertising ideas or style of doing business; or 4) infringement of copyright, title, or slogan.

Personal and advertising injury provisions often limit coverage to specifically enumerated offenses like malicious prosecution or copyright infringement.\(^{55}\) For coverage of data breaches, the most important of these enumerated offenses is usually “oral or written publication, in any manner, of material that violates a person’s right of privacy.”\(^{56}\) Some policies and courts limit coverage for violation of a right to privacy to injuries caused by an insured’s “advertising” activity,\(^{57}\) but others include this coverage for any publication.\(^{58}\)

55. 9A Steven Plitt et al., Couch on Insurance § 129:8 (3d ed. 2014); see supra note 54.

56. See, e.g., Ins. Servs. Office, Inc., Commercial General Liability Form CG 00 01 10 01, § V[14][e] (2008), available at LEXIS, ISO Policy Forms; supra notes 51–52; see also Hartford Cas. Ins. Co. v. Corcino & Assocs., No. CV 13-3728 GAF JPC, 2013 U.S. Dist. LEXIS 152836 (C.D. Cal. Oct. 7, 2013) [holding that a hospital data breach was covered under the CGL policy provision that includes “electronic publication of material that violates a person’s right of privacy”). But see ISO Form CG 24 13 04 13 (2013) [specifically excluding violation of right to privacy as an enumerated offense], quoted in supra note 52.

57. 3 Allan D. Windt, Insurance Claims and Disputes § 11:29 (6th ed. 2013) (“modern liability policies typically include a distinct coverage part for advertising injury caused by an offense committed both during the policy period and in the course of advertising the insured’s goods or services”) [emphasis added]; see also Hyundai Motor Am. v. Nat’l Union Fire Ins. Co., 600 F.3d 1092, 1098 [9th Cir. 2010] [holding “advertising” means “widespread promotional activities usually directed to the public at large,” but “does not encompass ‘solicitation’”) [citation omitted]; Simply Fresh Fruit, Inc. v. Cont’l Ins. Co., 94 F.3d 1219, 1223 [9th Cir. 1996] (“under the policy, the advertising activities must cause the injury—not merely expose it”); Air Eng’g, Inc. v. Indus. Air Power, LLC, 828 N.W.2d 565, 572 [Wis. Ct. App. 2013] [court defined an “advertising idea” as “an idea for calling public attention to a product or business, especially by proclaiming desirable qualities so as to increase sales or patronage”]; Lexmark Int’l, Inc. v. Transp. Ins. Co., 327 Ill. App. 3d 128, 137 [App. Ct. 2001] [while there is no generally accepted definition of advertising activity in the context of “personal and advertising injury” insurance coverage, the court found it generally referred to “the widespread distribution of promotional material to the public at large”]; Phx. Am., Inc. v. Atl. Mut. Ins. Co., 2001 WL 1649243, at *6 [Cal. Ct. App. Dec. 24, 2001] [unpublished] [court defined “advertising” for purposes of CGL insurance coverage as “the act of calling public attention to one’s product through widespread promotional activities”].

seeking insurance under the personal or advertising injury clauses of a traditional CGL policy, insurers will sometimes contest coverage based on arguments that the policyholder’s actions did not amount to a publication of information or that a third party’s right to privacy was not implicated.  

[A] Publication Requirement

Particularly where advertising is required for coverage, insurers have frequently challenged whether the event implicating coverage constitutes a “publication” of information.

The importance of the publication requirement was addressed in *Recall Total Information Management v. Federal Insurance Co.*, where the insured lost computer tapes containing sensitive information of thousands of its clients’ employees.  

In that case, the court held that there was no publication since the insured could not establish that the information contained on the lost tapes was ever accessed by anyone, which the court held is a “necessary prerequisite to the communication or disclosure of personal information.”

Where there is dissemination, however, the issue becomes how widely that information must be disseminated in order to constitute publication. A leading case in this area is *Netscape Communications Corp. v. Federal Insurance Co.* There, the underlying complaint

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59. See infra section 16:2.2[A]–[B].
60. Recall Total Info. Mgmt., Inc. v. Fed. Ins. Co., 83 A.3d 664, 672–73 [Conn. App. Ct. 2014] (involving a CGL policy that covered “personal injury,” which was defined as “injury, other than bodily injury, property damage or advertising injury, caused by an offense of . . . electronic, oral, written or other publication of material that . . . violates a person’s right to privacy”), aff’d, 115 A.3d 458 (Conn. 2015). But see infra note 70.
61. Recall Total Info. Mgmt., Inc. v. Fed. Ins. Co., 83 A.3d 664, 672–73 [Conn. App. Ct. 2014]; see also Defender Sec. Co. v. First Mercury Ins. Co., 803 F.3d 327 (7th Cir. 2015) [no coverage for alleged secret recording of sales calls because the recording of a phone call, without more, is insufficient to constitute a publication].
alleged that Netscape had intercepted and internally disseminated private online communications.\(^63\) The court held that internal disclosures of intercepted computer information and communications triggered coverage because the policy language covered disclosure to “any” person or organization.\(^64\) Therefore, even though the alleged disclosure was confined within the company, coverage was triggered.\(^65\)

As illustrated by Netscape, the publication requirement has often required a rather limited showing by those seeking coverage. While the cases are not uniform on this point, various courts hold that an insured need not disclose information widely or externally to satisfy the requirement of publication in cases involving data breaches or unauthorized disclosure of private information.\(^66\) Courts have held that disclosure to a single person, even the owner of the private

\(^{63}\) Id. at 272.

\(^{64}\) Id.

\(^{65}\) Id.

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Information, can satisfy the publication requirement for advertising injury coverage. Even where a publication must be a dissemination to the “public,” courts have found coverage in cases involving widely disseminated information, like sending thousands of fax advertisements or posting information to the Internet, regardless of whether there is any evidence that the posting was actually read. At least one court has held that disclosure to a recording device can constitute publication. Although the publication requirement has

must involve disclosure of information to the public; case settled with a stipulation to dismiss the case.


68. Penzer v. Transp. Ins. Co., 29 So. 3d 1000 (Fla. 2010) (finding coverage where sending thousands of unsolicited fax advertisements fit the “broad definition of ‘publication’ because it constitutes a communication of information disseminated to the public and it is ‘the act or process of issuing copies . . . for general distribution to the public’”); Valley Forge Ins. Co. v. Swiderski Elecs., Inc., 860 N.E.2d 307 (Ill. 2006) (finding coverage where faxing unsolicited advertisements fit plain and ordinary sense of the word “publication” “both in the general sense of communicating information to the public and in the sense of distributing copies of the advertisements to the public”). But see Defender Sec. Co. v. First Mercury Ins. Co., 803 F.3d 327 (7th Cir. 2015) (no coverage for alleged secret recording of sales calls because the recording of a phone call, without more, is insufficient to constitute a publication).


been interpreted to apply to a broad range of potential disclosures, some courts still require a definable disclosure to a party other than the person alleging the unauthorized disclosure.

In a terse unpublished opinion, a New York state court potentially added an additional perspective to the publication requirement. The court held that there was no coverage under a policy’s personal and advertising injury provision for lawsuits related to a breach of data belonging to users of the company’s online gaming product. The court concluded that the CGL policy only provides coverage for publication of information by the policyholder and because hackers—not the company—had published the personal information at issue, there was no coverage. The policyholder appealed the trial court’s ruling, but two months after a New York appellate argument, the case settled without a ruling.

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72. See Creative Hospitality Ventures, Inc. v. E.T. Ltd., Inc., 444 F. App’x 370, 373 (11th Cir. 2011) (issuance of a receipt containing sensitive credit card information to a customer did not constitute publication, because it did not involve “dissemination of information to the general public”); Whole Enchilada, Inc. v. Travelers Prop. Cas. Co. of Am., 581 F. Supp. 2d 677 (W.D. Pa. 2008) (personal and advertising injury provisions of policy were not triggered by alleged violations of the Fair and Accurate Credit Transactions Act where credit card numbers were printed on sales receipts and handed back to the customers themselves); see also Defender Sec. Co. v. First Mercury Ins. Co., 803 F.3d 327 (7th Cir. 2015) (no coverage for alleged secret recording of sales calls because the recording of a phone call, without more, is insufficient to constitute a publication); Yahoo! Inc. v. Nat’l Union Fire Ins. Co. of Pittsburgh, Pa., 255 F. Supp. 3d 970 (N.D. Cal. 2017) (finding in favor of the insurer and noting that a privacy violation requires disclosure to a third party or publication, but the text messages in this case were sent only to underlying plaintiffs and not third parties), question certified to California Supreme Court by 913 F.3d 923 (9th Cir. 2019) (Do unsolicited text messages that do not reveal any private information violate a person’s right to privacy?). But see supra note 66.
74. Id.
75. Id.
Other courts have subsequently adopted insurer arguments for a similar approach.\footnote{77}{See Innovak Int’l, Inc. v. Hanover Ins. Co., 280 F. Supp. 3d 1340, 1348 (M.D. Fla. 2017) (finding that “the only plausible interpretation” of the policy language is that the policyholder itself must be accused of publishing the sensitive data); St. Paul Fire & Marine Ins. Co. v. Rosen Millennium, Inc., 337 F. Supp. 3d 1176 (M.D. Fla. 2018) [concluding that because the Rosen Hotels Resorts, Inc.’s injuries resulted from “the actions of third parties,” the claim was not covered under the CGL policies]. See also Plaintiffs’ Opposition to Century Defendants’ Rule 12(b)(6) Motion to Dismiss, Charter Oak Fire Ins. Co. v. 21st Century Oncology Invs. LLC, No. 2:16-cv-00732 (M.D. Fla. Feb. 14, 2017) [insurers argue the policy provision on “publication” of confidential information covers only publication by the insured itself and not publication by third parties]; Motion to Transfer Case Granted, No. 2:16-CV-00732 (M.D. Fla. Mar. 8, 2017), ECF No. 103.}

\section{B\hskip 1em \textbf{Right to Privacy As an Enumerated Offense}}

While the contours of the publication requirement continue to develop, many policies, particularly in recent years, do not include a right to privacy as an enumerated offense or, where they do, have other exclusions that preclude coverage for data breaches.\footnote{78}{See, e.g., ISO Form CG 00 01 10 01 [2008] [excluding violation of right to privacy as an enumerated offense], quoted in supra note 19; Business Liability Coverage Form BP 0100 01 04, Additional Exclusions § 2 (2004), IRMI.com, www.irmi.com/online/frmcpi/sc0000bp/chaaisbp/01000104.pdf [excludes from policy coverage any direct or indirect loss or loss of use caused by a computer virus or computer hacking].} Absent inclusion of infringement of a right to privacy as an enumerated offense, the advertising and personal injury sections of most CGL policies may not provide coverage for data theft or breach. Even where infringement of a right to privacy is included as an enumerated offense, insurers and insureds often have had vigorous disputes with respect to whether these provisions encompass data breaches.

In general, courts have explained that the right to privacy contains two distinct rights—the right to seclusion and the right to secrecy.\footnote{79}{See, e.g., Pietras v. Sentry Ins. Co., 2007 U.S. Dist. LEXIS 16015, at *7–8 [N.D. Ill. Mar. 6, 2007] [privacy interests in seclusion and secrecy are both implicated by a “right to privacy”]; ACS Sys., Inc. v. St. Paul Fire & Marine Ins. Co., 53 Cal. Rptr. 3d 786 (Ct. App. 2007) [CGL policy covers liability for violations of a privacy right of “secrecy” and not a privacy right of seclusion].} Some courts have used this distinction to conclude that only claims associated with a right to secrecy are insured under policy provisions covering personal and advertising injury.\footnote{80}{See, e.g., Res. Bankshares Corp. v. St. Paul Mercury Ins. Co., 407 F.3d 631 [4th Cir. 2005] [fax advertisements implicate a privacy right of}
any ambiguity associated with the concept of a “right to privacy” in CGL coverage is reason to apply a broad definition covering both types of violations.81

Four types of insurance claims that have been litigated under the personal and advertising provisions of CGL policies involve violations of the Telephone Consumer Protection Act (TCPA),82 the Fair Credit
Reporting Act [FCRA],\textsuperscript{83} state statutes precluding dissemination of ZIP codes,\textsuperscript{84} and state statutes governing collection and use of biometric information.\textsuperscript{85}

\textbf{[B][1] Telephone Consumer Protection Act Cases}

Coverage cases asserting violations of the TCPA often involve the sending of unsolicited fax advertisements to third-party fax machines\textsuperscript{86} or unsolicited text messages to cellular phones.\textsuperscript{87} In fax blast cases, the distinction between the right to seclusion and the right to secrecy has been used to deny coverage where there was found to be a violation of one's right to seclusion, but not of the right to

\begin{itemize}
\item \textsuperscript{83} Fair Credit Reporting Act [FCRA], 15 U.S.C. § 1681, discussed in \textit{infra} section 16:2.2[B][2].
\item \textsuperscript{84} See, \textit{e.g.}, OneBeacon Am. Ins. Co. v. Urban Outfitters, Inc., 625 F. App’x 177 [3d Cir. 2015], discussed in \textit{infra} section 16:2.2[B][3].
\item \textsuperscript{85} See \textit{infra} section 16:2.2[B][4] for discussion.
\item \textsuperscript{86} See, \textit{e.g.}, G.M. Sign, Inc. v. St. Paul Fire & Marine Ins. Co., 768 F. App’x 982 [11th Cir.2019] [intentional sending of unsolicited fax advertisements under mistaken belief of recipients’ prior consent did not constitute an “accident” as required by the CGL policy]; Acuity, A Mut. Ins. Co. v. Siding & Insulation Co., 62 N.E.3d 937, 943 [Ohio Ct. App. 8th Dist. 2016] [finding no coverage for unsolicited fax advertisements because a policy property excluded damage that was expected or intended by the insured and thus not caused by an occurrence]; Selective Ins. Co. of Am. v. J. Reckner Assoc., Inc., No. 2:18-CV-04450-JDW, 2020 WL 1531874, at *2 [E.D. Pa. Mar. 31, 2020] [no coverage because wear and tear to fax machines was to be expected and the policy excluded coverage for intentional acts]; Mesa Labs., Inc. v. Fed. Ins. Co., 436 F. Supp. 3d 1092, 1097 [N.D. Ill. 2020] [same].
\end{itemize}
prose and visibility. Under the cases where the right to seclusion is violated by way of unsolicited faxes or text messages, but there is no accompanying violation of one’s interest in the secrecy of personal information, some courts have held there has been no violation of the right to privacy for insurance policy purposes. Other courts have stated that the term “privacy” is ambiguous and can be read to include both a right to secrecy and a right to seclusion.

In light of the decisions upholding personal injury coverage for TCPA claims based on asserted violations of a right of privacy, certain policies explicitly exclude unsolicited communications, actions for invasion of privacy, and claims for violations of certain statutory actions. Even here, courts have come to different conclusions as to

88. See Cynosure, Inc. v. St. Paul Fire & Marine Ins. Co., 645 F.3d 1 (1st Cir. 2011) [holding that the policy referred unambiguously to “disclosure” of private third-party information, and not to “intrusion”; therefore the policy did not cover claims for the mere receipt of faxes]; Res. Bankshares Corp. v. St. Paul Mercury Ins. Co., 407 F.3d 631 (4th Cir. 2005) [finding that fax advertisements implicate a privacy right of seclusion, while CGL policy coverage relates only to “secrecy” privacy]; ACS Sys., Inc. v. St. Paul Fire & Marine Ins. Co., 53 Cal. Rptr. 3d 786 (Ct. App. 2007) [holding that advertising injury provisions of a CGL policy did not cover ACS’s liability for sending unsolicited fax advertisements because the policy covered only privacy right of “secrecy” and not a privacy right of seclusion]; Selective Ins. Co. of Am. v. J. Reckner Assocs., Inc., No. 2:18-CV-04450-JDW, 2020 WL 1531874, at *2 (E.D. Pa. Mar. 31, 2020) [same]; see also supra 80–81 and accompanying text.


90. See supra note 79.

91. See, e.g., Phx. Ins. Co. v. Heska Corp., No. 15-CV-2435-MSK-KMT, 2017 WL 3190380, at *4 (D. Colo. July 26, 2017) [unsolicited communications exclusion precluding coverage for damages “arising out of any actual or alleged violation of any law that restricts or prohibits the sending, transmitting or distributing of ‘unsolicited communication’”]

92. See, e.g., L.A. Lakers, Inc. v. Fed. Ins. Co., 869 F.3d 795, 806 (9th Cir. 2017) [holding that “[b]ecause a TCPA claim is inherently an invasion of privacy claim, [the insurer] correctly concluded that [the claimant]’s TCPA claims fell under the Policy’s broad exclusionary clause.”]; Horn v. Liberty Ins. Underwriters, Inc., 391 F. Supp. 3d 1157 (S.D. Fla. 2019) [same].


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whether exclusions related to the violation of various statutes actually apply to bar coverage. In cases where statutory exclusions have been

Commercial General Liability Form CG 21 07 05 14 [2013], available at LEXIS, ISO policy forms excluding coverage for “damages arising out of: (1) any access to or disclosure of any person’s or organization’s confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information, or any other type of nonpublic information; (2) or loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data”); see also Nat’l Union Fire Ins. Co. v. Coinstar, Inc., No. C13-1014-JCC, 2014 U.S. Dist. LEXIS 31441, at *5 (W.D. Wash. Feb. 28, 2014) [policy contained an exclusion relating to the violation of statutes banning the sending, transmitting, or communicating any material or information]; Nationwide Mut. Ins. Co. v. Harris Med. Assocs., LLC, 973 F. Supp. 2d 1045, 1050 (E.D. Mo. Sept. 23, 2013) [insurance policy contained a Violation of Consumer Protection Statutes exclusion for “any action or omission that violates or is alleged to violate’ the TCPA, or any ‘statute . . . that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information’”]; G.M. Sign, Inc. v. State Farm Fire & Cas. Co., 18 N.E.3d 70, 74 (Ill. Ct. App. 2014), appeal denied, 23 N.E.3d 1200 [2015] (“Distribution of Material in Violation of Statutes Exclusion” applied to “Bodily injury, property damage, personal injury, or advertising injury arising directly or indirectly out of any action or omission that violates or is alleged to violate [t]he Telephone Consumer Protection Act (TCPA).” [emphasis added]; Am. Econ. Ins. Co. v. Hartford Fire Ins. Co., 695 F. App’x 194 [9th Cir. 2017] [excluding losses arising “directly or indirectly out of any act or omission that allegedly violated any statute that prohibits or otherwise governs the distribution or transmission of material”]; Zurich Am. Ins. Co. v. Ocwen Fin. Corp., 357 F. Supp. 3d 659 [N.D. Ill. 2018], appeal docketed, No. 19-3052 [7th Cir. Oct. 18, 2019] [coverage for privacy and credit defamation counts precluded by CGL policy’s Violation of Law exclusion as each arose from TCPA; common law claims also dismissed because each arose out of alleged statutory violations]; Mesa Labs., Inc. v. Fed. Ins. Co., 436 F. Supp. 3d 1092 [N.D. Ill. 2020] [relying on two exclusions to bar coverage for sending unsolicited faxes: (1) intended or expected acts exclusion and (2) information exclusion barring coverage for TCPA violations].

Compare Evanston Ins. Co. v. Gene by Gene Ltd., 155 F. Supp. 3d 706, 709 [S.D. Tex. 2016] [policy excluded violations of TCPA, CAN-SPAM, and any other statute that “prohibits or limits the sending, transmitting, communication or distribution of information or other material,” but it did not apply to bar coverage of Alaska Genetic Privacy Act claims], and Hartford Cas. Ins. Co. v. Corcino & Assoc., No. CV 13-3728 GAF [JCx], 2013 U.S. Dist. LEXIS 152836, at *6 [C.D. Cal. Oct. 7, 2013] [holding that the statutory exclusion for “Personal And Advertising Injury . . . a]rising out of the violation of a person’s right to privacy created by any state or federal act” did not apply to bar coverage for the insured hospital’s data breach because at common law, medical records have long been
damages are punitive and, therefore, uninsurable as a matter of public policy.96

[B][2] Fair Credit Reporting Act Cases

FCRA cases typically involve disclosure of personal information that is asserted to be confidential. A leading insurance case involving FCRA is the decision of the federal court in Zurich American Insurance Co. v. Fieldstone Mortgage Co.97 In that case, a mortgage company was alleged to have improperly accessed and used individual credit information, in violation of FCRA, in order to provide “pre-screened” offers of mortgage services.98 The insurer denied coverage for the resulting claims.99 The court noted that FCRA was enacted to ensure the protection of privacy rights and held that the insurer had a duty to defend against FCRA claims because they fell under the “personal and advertising injury coverage” of the insured’s CGL policy.100

Like many cases involving claims for advertising injury coverage, insurance in the Fieldstone Mortgage case turned on whether the

was no coverage because common law claims were merely a “rephrasing” of the TCPA conduct); Zurich Am. Ins. Co. v. Ocwen Fin. Corp., 357 F. Supp. 3d 659 [N.D. Ill. 2018], appeal docketed, No. 19-3052 [7th Cir. Oct. 18, 2019] [common law claims dismissed because each arose out of alleged statutory violations of TCPA and Fair Debt Collection Practices Act].

96. Compare Ace Am. Ins. Co. v. Dish Network, LLC, 883 F.3d 881, 888 [10th Cir. 2018] (“TCPA's statutory damages are penal under Colorado law and, even if they were otherwise covered under the policies, Colorado's public policy prohibits the insurability of such penalties and bars coverage.”), with Standard Mut. Ins. Co. v. Lay, 989 N.E.2d 591, 599–600 [Ill. 2013] [court held that TCPA damages of $500 per violation are not uninsurable punitive damages since the purpose was “clearly” remedial in nature]. On remand, the Illinois Appellate Court held that the insurer must provide coverage to the insured for settlement of the underlying TCPA suit. Standard Mut. Ins. Co. v. Lay, 2 N.E.3d 1253 [Ill. App. Ct. 2014], appeal denied, No. 117110, 2014 Ill. LEXIS 433 [Mar. 26, 2014]. For further discussion of the Lay decision, see infra section 16:3.2[G]. See also Wakefield v. ViSalus, Inc., No. 3:15-cv-1857-SI, 2020 WL 4728878 [D. Ore. 2020] [refusing to reduce as unconstitutionally excessive jury’s $925 million verdict—statutory damages of $500 each for 1.85 million violative robocalls]; Golan v. FreeEats.com, Inc., 930 F.3d 950 [8th Cir. 2018] [$1.6 billion statutory damages award violated due process and was properly reduced to $32 million—$10 per call that violated TCPA].


98. Id. at *2.

99. Id. at *4.

100. Id. at *9, *11.
FCRA claim alleged a violation of a “right to privacy” and whether there had been publication of the information at issue. In analyzing the scope of the publication requirement to assess coverage, the court explicitly rejected the insurance company’s argument that “in order to constitute publication, the information that violates the right to privacy must be divulged to a third party.” Noting that a majority of circuits have rejected this argument, the court held that publication need not be to a third party and that unauthorized access and use was all that was necessary to violate a privacy right for coverage purposes.

[B][3] “ZIP Code” Cases

Another area of recent litigation has concerned the gathering of ZIP codes and personal information at the time of credit card purchases. A number of states have statutes that arguably relate to these practices, and several consumer class actions have been brought pursuant to these statutes or common law. For example, in One Beacon American Insurance Co. v. Urban Outfitters, the court rejected one of the insured’s claims for coverage on the ground that there was no allegation of public dissemination of information and publication required communication to the public at large. A second claim was rejected on the theory that receipt of unsolicited junk mail alleged a violation of the right to seclusion, not secrecy, and was therefore not within the right of privacy covered by the policy. While it found that a third claim was sufficiently disseminated to satisfy the publication requirement, the court nonetheless held that coverage was precluded by a statutory exclusion against collecting or recording information.

101. See supra section 16:2.2[A].
103. Id.; see also supra notes 66–72.
106. OneBeacon, 625 F. App’x at 180 [requiring publication to be to the “public at large”]. But see supra notes 66–67.
107. See One Beacon, 625 F. App’x at 182.
108. Id. at 181–82 (citing the “Recording and Distribution of Material or Information in Violation of Law Exclusion,” which excluded “‘Personal and advertising injury’ arising directly or indirectly out of any action or omission that violates or is alleged to violate . . . [any] statute, ordinance or regulation . . . that addresses, prohibits or limits the . . . dissemination, . . . collecting, recording, sending, transmitting, communicating
A similar exclusion was applied by the court in *Big 5 Sporting Goods Corp. v. Zurich American Insurance Co.*,109 which also refused to find a common law claim outside the exclusion.110

**[B][4] Biometric Information Cases**

Increasingly, states are beginning to regulate by statute the collection and management of biometric information such as fingerprints, voiceprints, and facial or retina scans.111 The Illinois Biometric Information Privacy Act (BIPA), which regulates collection, retention, disclosure, and destruction of a person's biometric identifiers,112 is particularly important from an insurance perspective because it explicitly includes a private right of action for any person “aggrieved” by a violation of the statute.113 The Illinois Supreme Court has held that plaintiffs can pursue claims without demonstrating “actual damage beyond the violation of his or her rights under the Act.”114

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109. *Big 5 Sporting Goods Corp. v. Zurich Am. Ins. Co.*, 957 F. Supp. 2d 1135, 1155–56 (C.D. Cal. 2013), aff’d, 635 F. App’x 351 (9th Cir. 2015) [applying the distribution of material in violation of statutes exclusion to coverage for ““[p]ersonal and [a]dvertising [i]njury’ arising directly or indirectly out of any action or omission that violates or is alleged to violate: [a]ny statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003, that prohibits or limits the sending, transmitting, communicating or distribution of material or information”). *But see supra* notes 66–67 and 94–95.

110. *Id.* at 1151 [holding that because the relevant privacy right was not based on common law and created by statute, coverage for the common law claim was barred by the distribution of material exclusion].


112. *See* 740 ILL. COMP. STAT. ANN. 14/15 (West 2020) [setting out requirements for private entities collecting biometric identifiers: section 15(a) requires entities to develop a publicly available written policy regarding retention and destruction of biometric identifiers; section 15(b) regulates the collection of biometric identifiers; section 15(c) prohibits the sale of biometric information; section 15(d) regulates dissemination or disclosure of the biometric information; and section 15(e) sets the standard of care for such information].

113. 740 ILL. COMP. STAT. ANN. 14/20 (West 2020); *see also* Rosenbach v. Six Flags Entm’t Corp., 129 N.E.3d 1197, 1204 (Ill. 2019) [private action].

114. *Rosenbach*, 129 N.E.3d at 1205. *See also* Bryant v. Compass Grp. USA, Inc., 958 F.3d 617, 626–27 (7th Cir. 2020), as amended on denial of reh’g and reh’g en banc (June 30, 2020) [finding a mere violation of BIPA
As the private right of action under BIPA expanded and the number of filed cases increases, insurers have attempted to limit their potential liability under the statute. For example, some insurers have sought to invoke the publication requirement, statutory violations exclusions, and employers’ liability exclusions, among others, to challenge claims seeking coverage. In light of recent rulings, insurers may also argue that statutory damages under BIPA section 15(a) are uninsurable penalties rather than remedial damages.

In the first coverage decision concerning BIPA to reach the Illinois Appellate Court, the court affirmed a summary judgment in favor of the policyholder on the insurers’ duty to defend. In West Bend Mutual Insurance Co. v. Krishna Schaumburg Tan, Inc., the insured was sued for unauthorized disclosure of fingerprint data to a third-party vendor in connection with membership to the L.A. Tan national database. The trial and appellate courts rejected the insurer’s two grounds for denial—that disclosure to a single vendor did not constitute “publication” under the personal injury coverage and that the

section 15(b) is sufficient for title III standing, but not section 15(a) as the duty under that section is to the public at large, not a particular individual.

115. See supra notes 56 and 57 and accompanying text.
117. See Bryant v. Compass Grp. USA, Inc., 958 F.3d 617, 626–27 [7th Cir. 2020], as amended on denial of reh’g and reh’g en banc [June 30, 2020] (finding that claimants need not show actual injury under BIPA section 15(a)]; see also supra note 96 and accompanying text.
119. Id. ¶ 10.
“violation of statutes” exclusion applied.\textsuperscript{120} Because the policy did not include a definition of “publication,” the court acknowledged that the dictionary definitions included both a broad sharing of information and more limited sharing with a single third party.\textsuperscript{121} The court also rejected the application of an exclusion for violation of TCPA “and other statutes that govern e-mails, fax phone calls or other methods of sending material or information,” finding that the exclusion was meant to bar coverage for a limited type of statute governing the “methods of communication” and not statutes limiting the sending or sharing of information.\textsuperscript{122}

\section*{\textsuperscript{\textsection} 16:2.3 Other Coverages}

While most companies seeking coverage under traditional policy forms assert claims under first-party property or third-party CGL policies, policyholders may also seek coverage for data or privacy breaches under other contracts in their insurance portfolio including D&O insurance, E&O policies, and Commercial Crime Policies.

[A] Directors and Officers Liability Insurance

D&O insurance is generally designed to cover losses arising from claims made during the policy period that allege wrongs committed by “directors and officers.”\textsuperscript{123} As such, this type of insurance may sometimes be limited to circumstances where an officer or director is sued directly in connection with a privacy breach—perhaps for lack of supervision or personal involvement in dissemination of confidential information.

Some D&O policies, and similar policies available to not-for-profits or companies that are not publicly traded, also contain “entity” coverage, which provides insurance for certain claims against the entity itself.\textsuperscript{124} In many instances, “entity” coverage is limited to securities

\begin{flushleft}
120. \textit{Id.} \textsuperscript{¶} 23, 58.
121. \textit{Id.} \textsuperscript{¶} 35.
122. \textit{Id.} \textsuperscript{¶} 6, 42–45.
\end{flushleft}
claims, but this is not always the case. Where entity coverage is broad, it may encompass liabilities for privacy breaches and other cyber risks.

The relevance of D&O coverage with respect to cyber issues has increased significantly in recent years as shareholder derivative actions have been filed against officers and directors of Target, Wyndham, Home Depot, Wendy’s, and LabCorp as a result of widely reported cyber breaches involving those companies. These lawsuits challenge the level of supervision by board members and claim that they “failed to take reasonable steps to maintain their customers’ personal and financial information in a secure manner.” The recent claims against directors and officers for cyber-related

125. See, e.g., D&O Insuring Agreements, IRMI.com, www.irma.com/online/pli/ch010/11110e000/a1110e010.aspx?_d Entity Securities Coverage_side_c (“the vast majority of D&O policies that provide entity coverage do so only as respects securities claims”).


128. See Complaint, Palkon v. Holmes, No. 2:14-cv-01234 (D.N.J. Feb. 25, 2014); see also Palkon v. Holmes, 2014 WL 5341880 (D.N.J. Oct. 20, 2014) (finding that board’s decision not to bring suit against the company for inadequate data security was not in violation of the business judgment rule, reasoning that the board took adequate steps to familiarize itself with the subject matter of the demand and that it had ample information at its disposal).


132. See Complaint, Palkon v. Holmes, No. 14-cv-01234 (D.N.J. Feb. 25, 2014); see also In re Heartland Payment Sys., Inc. Sec. Litig., No. 09-1043, 2009 WL 4798148, at *2, *8 (D.N.J. Dec. 7, 2009) (dismissing suit where plaintiffs alleged that the defendants falsely represented that the company “place[d] significant emphasis on maintaining a high level of security” and maintained a network that “provide[d] multiple layers of security to isolate [its] databases from unauthorized access”).
matters, and increasing public attention to cyber and privacy issues, underscore the importance of D&O coverage and careful board vigilance in relation to data retention, cybersecurity, and relevant insurance coverage. They also emphasize the importance of avoiding overbroad cyber exclusions in D&O policies so that normal D&O exposures such as failure to disclose or insufficient board oversight are not excluded simply because they may relate to cyber risks or invasion of privacy.

[B] Errors and Omission Policies

E&O policies provide coverage for claims arising out of the rendering of professional services. Such policies may provide insurance


134. The Wyndham shareholder derivative litigation (see supra note 128) serves as a good example of not only how directors and officers are at risk of claims arising from a data breach, but how boards can proactively protect themselves to avoid liability in the event of a claim. Palkon v. Holmes, No. 2:14-CV-01234 SRC, 2014 WL 5341880 (D.N.J. Oct. 20, 2014) (dismissing a shareholder derivative suit alleging the board failed to take adequate steps to investigate a data breach, reasoning that, among other things, [1] the board discussed cyber-attacks at fourteen meetings prior to the shareholder demand letter; [2] the general counsel gave presentations at the board’s quarterly meetings regarding the data breaches and general cybersecurity matters; and [3] the board familiarized itself with the subject matter pursuant to an FTC investigation into the company’s security practices); see also NAT’L INST. OF STANDARDS & TECH., FRAMEWORK FOR IMPROVING CRITICAL INFRASTRUCTURE CYBERSECURITY [Version 1.1] [Apr. 2018], www.nist.gov/cyberframework/framework (providing companies with a set of industry standards and best practices for managing their cybersecurity risks).


for data breaches or privacy-related claims that arise from the “rendering of services” so long as policy definitions and exclusions do not preclude coverage for losses relating to such breaches or Internet-related services.\textsuperscript{137} E&O policies designed for medical professionals or health plan fiduciaries often include specific coverages for HIPAA and other privacy exposures, including computer privacy breaches.\textsuperscript{138}

Attorney and other malpractice policies may also cover certain risks associated with unintentional release of confidential information or client funds. For example, in \textit{Stark v. Knoll Co. L.P.A. v. ProAssurance Pac. Ins. Co. v. Burnet Title, Inc., 380 F.3d 1061, 1062 (8th Cir. 2004) ("Pacific issued an Errors and Omissions [E&O] insurance policy . . . which provided coverage for negligent acts, errors, or omissions in the rendering of or failure to render professional services."). See generally 4 PAUL S. WHITE & RICHARD L. NEUMEIER, APPLEMAN ON INSURANCE § 25.01 (2020).}

\textsuperscript{137.} See, \textit{e.g.,} Eyeblaster, Inc. v. Fed. Ins. Co., 613 F.3d 797, 804–05 (8th Cir. 2010) [in addition to finding coverage for property damage under a CGL policy, the court found that coverage existed under an E&O policy, stating that the definition of “error” in a technology errors and omissions policy included intentional, non-negligent acts but excludes intentionally wrongful conduct]; Ill. Union Ins. Co. v. U.S. Bus Charter & Limo Inc., 291 F. Supp. 3d 286 (E.D.N.Y. 2018) (company’s violation of TCPA by sending text messages advertising bus services covered under professional liability insurance policy); SS&C Tech. Holdings, Inc. v. AIG Specialty Ins. Co., 436 F. Supp. 3d 739, 745 (S.D.N.Y. 2020) [finding exclusion did not preclude coverage for losses incurred as a result of fraudulently induced transfers due to an email “spoofing” scheme because insured did not contractually have authority over client’s funds and because term “lost” in exclusion was ambiguous such that funds wired to fraudsters could be termed “stolen” rather than “lost”]. \textit{But see} Travelers Prop. Cas. Co. of Am. v. Fed. Recovery Servs., Inc., 103 F. Supp. 3d 1297 (D. Utah 2015) [holding there was no duty to defend under the insured’s CyberFirst Policy since the policy covered an “error, omission or negligent act” and the underlying lawsuit alleged that the insured intentionally refused to return the plaintiff’s customer data]; Margulis v. BCS Ins. Co., 23 N.E.3d 472 (Ill. App. Ct. 2014) [holding that automated telephone calls advertising insured’s business did not constitute negligent acts, errors or omissions by insured in “rendering services for others” since the insured was not rendering services for the call recipients].

\textsuperscript{138.} See, \textit{e.g.,} Med. Records Assocs., Inc. v. Am. Empire Surplus Lines Ins. Co., 142 F.3d 512, 516 (1st Cir. 1998) [in coverage dispute, court noted that hospital employees involved in safeguarding personal medical information may have coverage under an E&O policy given the substantial “risks associated with release of records to unauthorized individuals”]; Princeton Ins. Co. v. Lahoda, D.C., No. 95-5036, 1996 WL 11353 (E.D. Pa. Jan. 4, 1996) [finding an improper disclosure of confidential patient information was covered by a professional liability insurance policy].
Casualty Co., the court held that the insured law firm may be covered under its malpractice policy when one of its attorneys fell victim to an alleged phishing scam and sent nearly $200,000 of client funds to an offshore account.\textsuperscript{140} Law firms and other providers of services have become repeated targets of cyber attacks seeking confidential client information about transactional and other matters.\textsuperscript{141} These kinds of matters may give rise to asserted claims for improper protection of client information.\textsuperscript{142}

[C] Crime Policies

Crime policies generally provide first-party coverage and insure a policyholder’s property against various forms of theft.\textsuperscript{143} In some

\begin{enumerate}
\item See, e.g., Colony Tire Corp. v. Fed. Ins. Co., 217 F. Supp. 3d 860 [E.D.N.C. 2016] (crime policy triggered when founders and owners of the company embezzled money); Medidata Sols., Inc. v. Fed. Ins. Co., 268 F. Supp. 3d 471, 480 (S.D.N.Y. 2017) (rejecting cross-motions for summary judgment on computer fraud policy in coverage action for phishing scam perpetrated against medical data services provider), aff’d, 729 F. App’x 117 [2d Cir. 2018] (finding coverage for the policyholder because the fraudulently induced transfer was a covered computer fraud under its crime policy); Universal Am. Corp. v. Nat’l Union Fire Ins. Co. of
\end{enumerate}
cases, crime policies also provide third-party coverage against an insured’s liability for theft, forgery, or certain other crimes injuring a third party.\(^{144}\) Insureds are increasingly turning to this type of coverage in cases involving theft by transfer of funds caused by a fraudulent email,\(^ {145}\) as some crime insurance policies explicitly or implicitly provide coverage for computer fraud.\(^ {146}\) With regard to computer-fraud coverage, some courts have come to the conclusion that the use of email in a fraudulent scheme is not enough to trigger such coverage if the email use was “merely incidental” to the fraud.\(^ {147}\)

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\(^{144}\) See, e.g., Retail Ventures, Inc. v. Nat’l Union Fire Ins. Co., 691 F.3d 821 (6th Cir. 2012) (affirming district court’s grant of summary judgment for the insured and upholding ruling that commercial crime policy, which included a computer and funds transfer fraud endorsement, covered third-party costs resulting from data breach and hacking attack).


\(^{146}\) G&G Oil Co. of Ind. v. Cont’l W. Ins. Co., 145 N.E.3d 842, 847 (Ind. Ct. App. 2020), reh’g denied (June 4, 2020) (finding no coverage for ransomware attack under “Computer Fraud” provision because although it was illegal to hijack the insured’s computer system, there was no fraud because there was no deception involved in the hijacker’s ransom demands).

\(^{147}\) See, e.g., Interactive Commc’ns, Int’l, Inc. v. Great Am. Ins. Co., 731 F. App’x 929, 935 (11th Cir. 2018) (denying coverage under crime policy because the loss was “temporally remote” and “intermediate steps, acts, and actors [made] clear” that the loss was not directly caused by computer...
While the courts have recognized that the concept of a crime policy seems on its face to encompass theft of confidential information, many crime policies specifically exclude theft of cyber or intellectual property. Even when this is not the case, these policies often limit coverage to theft of physical things or cash or securities. While not involving intellectual property, a recent case involving Bitcoin highlights the complexity of defining cyber assets in traditional first-party coverages. In Kimmelman v. Wayne Insurance Group, Kimmelman submitted a claim under his homeowner’s insurance for a stolen Bitcoin that he claimed was worth $16,000. The insurer investigated the claim and paid $200, which was the policy sublimit applicable to


149. See, e.g., People’s Tel. Co. v. Hartford Fire Ins. Co., 36 F. Supp. 2d 1335 [S.D. Fla. 1997] [lists of cell phone serial and identification numbers were not “tangible property,” so no crime policy coverage]; Ins. Servs. Office, Inc., Commercial Crime Coverage Form CR 00 20 05 06 § (A3–8; § (F)(15) [2008] [coverage is for loss of money or securities, fraud, and theft of “other property,” which is defined as “any tangible property other than ‘money’ and ‘securities’ that has intrinsic value” but excluding computer programs and electronic data).

a loss of “money.”\textsuperscript{151} The insured filed suit and the insurer moved to
dismiss, relying primarily on articles from CNN, CNET and the \textit{New
York Times} that apparently referred to Bitcoin as money, and an IRS
document that “subscribed to Bitcoin and other electronic property”
as “virtual currency.”\textsuperscript{152} Noting that there was no applicable legal
authority except the IRS notice, the court found that Bitcoins were
not “currency” because it is not recognized by the United States but
that it was “property” because the IRS had taken the position that “for
federal tax purposes, virtual currency is treated as property.”\textsuperscript{153}

Additionally, some policies contain an exclusion for actions of
“authorized personnel”\textsuperscript{154} or a requirement that an insured have no
knowledge or consent to the crime.\textsuperscript{155} These kinds of requirements
can present difficult issues where coverage is sought under crime pol-
icies for “social engineering” losses in which an authorized employee

\begin{footnotesize}
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\item \textsuperscript{151} Id. at *1.
\item \textsuperscript{152} Id.
\item \textsuperscript{153} Id. at *2. As such, the insurer’s motion for judgment on the plead-
ings was denied. \textit{See also} AA v. Persons Unknown [2019] EWHC 2556
(Comm) (bitcoin paid in response to ransomware attack held to be prop-
erty under English law, and thus capable of being the subject of an injunc-
tion, because, while bitcoin is “virtual, not tangible and cannot be pos-
sessed,” it has the recognized traits of property, namely “being definable,
identifiable by third parties, capable of assumption . . . and having some
degree of permanence”).
\item \textsuperscript{154} \textit{See, e.g.}, S. Cal. Counseling Ctr. v. Great Am. Ins. Co., 667 F. App’x
623 [9th Cir. 2016]; Aqua Star [USA] Corp. v. Travelers Cas. & Sur. Co.,
No. C14-1368RSL, 2016 U.S. Dist. LEXIS 88985 [W.D. Wash. July 8,
2016], \textit{aff’d}, 719 F. App’x 701 [9th Cir. 2018] (policy excluded loss
involving person with authority); Universal Am. Corp. v. Nat’l Union
Fire Ins. Co. of Pittsburgh, Pa., 38 Misc. 859 [N.Y. Sup. Ct. 2013] (policy
contained authorized personnel exclusion).
\item \textsuperscript{155} \textit{See, e.g.}, Taylor & Lieberman v. Fed. Ins. Co., 681 F. App’x 627 [9th Cir.
2017] (rejecting coverage because the insured had knowledge of the wire
transfer, even though no knowledge that the instructions were fraudu-
U.S. Dist. LEXIS 94688 [D. Minn. July 19, 2016] (coverage found when
computer hacker, not insured, made a fraudulent wire transfer), \textit{aff’d},
823 F.3d 456 [8th Cir. 2016]; \textit{see also} Pestmaster Servs., Inc. v. Travelers
Cas. Sur. Co., 656 F. App’x 332, 333 [9th Cir. 2016] (no coverage because
insured authorized transfer, and “fraudulently cause a transfer” language
requires “an unauthorized transfer of funds”); Midlothian Enters., Inc.
Feb. 20, 2020] (denying coverage under exclusion for a “voluntary parting
induced by any dishonest act” where employee wired money to another
account due to an email from fraudster posing as firm’s president).
\end{enumerate}
\end{footnotesize}
is duped into approving the transfer of confidential information or funds.\textsuperscript{156}

\section{Modern Cyber Policies}

While some specialized coverages, such as errors and omissions (E&O) insurance in the medical or fiduciary context,\textsuperscript{157} specifically include cyber and privacy risks inherent in the activity on which coverage is focused, as discussed above, traditional policy forms often impose significant limitations on coverage for these kinds of risks.\textsuperscript{158}

Indeed, it is likely that gaps in traditional insurance for cyber and

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156. Social Engineering Fraud, Interpol, \url{www.interpol.int/Crime-areas/Financial-crime/Social-engineering-fraud/Types-of-social-engineering-fraud} (Social engineering fraud “refers to the scams used by criminals to trick, deceive and manipulate their victims into giving out confidential information and funds.”). Compare Aqua Star [USA] Corp. v. Travelers Cas. & Sur. Co. of Am., 719 F. App’x 701, 702 (9th Cir. 2018) [coverage barred because losses from a fraudulent email scam were not “direct[ly]” the result of crime since “Aqua Star’s losses resulted from employees authorized to enter its computer system changing wiring information and sending four payments to a fraudster’s account.”], and Midlothian Enters., Inc. v. Owners Ins. Co., No. 3:19-CV-51, 2020 WL 836832, at *4 (E.D. Va. Feb. 20, 2020) [no coverage for voluntary parting of funds by employee], with Medidata Sols., Inc. v. Fed. Ins. Co., 268 F. Supp. 3d 471, 480 (S.D.N.Y. 2017), aff’d, 729 F. App’x 117 (2d Cir. 2018) [finding coverage for the policyholder because the fraudulently induced transfer was a covered computer fraud under its crime policy: “The fact that the accounts payable employee willingly pressed the send button on the bank transfer does not transform the bank wire into a valid transaction. To the contrary, the validity of the wire transfer depended upon several high-level employees’ knowledge and consent which was only obtained by trick.”]. Am. Tooling Ctr., Inc. v. Travelers Cas. & Sur. Co. of Am., 895 F.3d 455, 462, 465 (6th Cir. 2018) [finding the insured suffered a direct loss because there was no intervening event where an impersonator posed as a vendor and tricked an employee into transferring funds to the fraudster’s account and because the loss was “directly caused by computer fraud” in that the money was immediately lost upon transfer]; Principle Sols. Grp., LLC v. Ironshore Indem., Inc., 944 F.3d 886, 893 (11th Cir. 2019) [in construing ambiguity in favor of coverage, court found that despite employee interactions in response, the “loss unambiguously resulted directly from the fraudulent instruction”] (quotation omitted), and Cincinnati Ins. Co. v. Norfolk Truck Ctr., Inc., 430 F. Supp. 3d 116, 130 (E.D. Va. 2019) [finding coverage where imposter impersonated insured’s vendor through e-mail to initiate a fraudulent computer transfer because there was a “straightforward” or “proximate” relationship between use of any computer and the resulting loss].

157. \textit{See supra} section 16:2.3[B].

158. \textit{See supra} section 16:2.
\end{flushleft}
privacy risks will continue to widen as insurers increase the number of exclusions designed to limit coverage for these kinds of claims under traditional policies and try to confine coverage for cyber and privacy to policies specifically designed for this purpose.\textsuperscript{159}

In response to the coverage gaps created by evolving exclusions and policy definitions, the market for cyber insurance policies has responded with a host of new policies.\textsuperscript{160} A recent survey indicated that more than 130 insurers now offer stand-alone cyber policies, many of which are manuscripted.\textsuperscript{161}

The new cyber policy offerings are typically named peril policies and offer coverage on a claims-made basis. However, because of the ever-evolving nature of the risks presented and the lack of standard policy terms, these offerings are in an ongoing state of flux as insurers continue to change and refine their policy forms. As a result, risk managers looking to purchase cyber insurance products have latitude to negotiate and should carefully evaluate the needs and risks for which coverage is sought against a detailed evaluation of the coverage actually provided by the new policy.\textsuperscript{162}

\section*{§ 16:3.1 Key Concepts in Cyber Coverage}

As noted above, two important features of cyber policies are that they are often named peril policies and written on a claims-made basis.

\section*{[A] Named Peril}

Although the distinction between all-risk and named-peril policies is based on conceptual frameworks that developed largely in the

\begin{itemize}
\item \textsuperscript{159} See supra notes 19, 32, 35, 51, 78, 93, and 149.
\item \textsuperscript{162} A white paper published by Wells Fargo noted that survey respondents’ biggest challenge to purchasing cyber coverage was finding a policy that fit the company’s needs (47% of respondents). Dena Cusick, 2015 Cyber Security and Data Privacy Survey: How Prepared Are You?, at 3 [Wells Fargo, White Paper Sept. 2015].
\end{itemize}
first-party context and many policies are hybrids that do not fall neatly in one category or the other, insurance policies are often categorized as either all-risk or named-peril policies.

All-risk policies typically cover all risks in a particular category unless they are expressly excluded. For example, the classic all-risk property policy covers “all risk of direct physical loss or damage” to covered property unless excluded.163 These policies are said to offer broad and comprehensive coverage.164

Named-peril policies, on the other hand, cover only specified “perils” or risks. In the traditional property context, this may have been wind, storm, and fire, with some policies covering floods while others do not. Unlike all-risk policies, named-peril policies do not typically provide coverage for risks other than the named perils.165

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163. See, e.g., City of Burlington v. Indem. Ins. Co. of N. Am., 332 F.3d 38, 47 [2d Cir. 2003] (“All-risk policies . . . cover all risks except those that are specifically excluded.”].


165. See, e.g., Burrell Commc’ns Grp. v. Safeco Ins., No. 94 C 3070, 1995 U.S. Dist. LEXIS 11699, at *3 [N.D. Ill. Aug. 10, 1995] (the insurance policy at issue was “an enumerated perils policy, meaning that only certain named perils are covered”). See generally 4 JEFFREY E. THOMAS, NEW APPLEMAN ON INSURANCE LAW LIBRARY EDITION § 29.01[3][b][1] [2020] (“‘named peril’ policies . . . cover only the damages that result from specific categories of risks, and ‘all risks’ policies . . . cover the damages from all risks except those specifically excluded by the policy”).

A number of cases have decided that crime policies may contain specific policy definitions that limit coverage by the type of cyber or computer fraud loss and the methods by which the crime is perpetrated. See, e.g., Sanderina, LLC v. Great Am. Ins. Co., No. 218CV00772JADDJA, 2019 WL 4307854, at *3–4 [D. Nev. Sept. 11, 2019] (denying coverage for losses sustained when a third party posing as the company owner tricked an employee into transferring money to the imposter because the scheme did not fit the definitions for the three relevant policy provisions: [1] “emails containing directions are not similar to checks or drafts” under the forgery provision; [2] no “direct access” to the company’s computer system occurred as required by the computer fraud provision; and [3] the instructions were not sent to a “financial institution” or without “knowledge or consent” as required by the funds-transfer fraud provision); G&G Oil Co. of Ind. v. Cont’l W. Ins. Co., 145 N.E.3d 842, 847 [Ind. Ct. App. 2020], reh’g denied [June 4, 2020] (finding no coverage for ransomware attack under “Computer Fraud” provision because although it was illegal to hijack the insured’s computer system, there was no fraud because there was no deception involved in the hijacker’s ransom demands); see also Response in Opposition to Plaintiff’s Motion.
Cyber policies are generally named-peril policies, at least in the first-party property context, and different carriers have used dramatically different policy structures and definitions to describe what they cover and what they do not. Some of the more typical areas of coverage include:

First-party coverages

• costs of responding to a data breach, including privacy notification expenses and forensics
• loss of electronic data, software, hardware, and costs of reconstructing data
• loss of use and business interruption (including lost profits and continuing expenses)
• costs of data security and privacy events
• loss from cyber crime
• rewards for responding to cyber threats and extortion demands
• public relations for cyber risks

Third-party coverages

• suits against insured for data breach or defamation
• loss of another’s electronic data, software, or hardware, resulting in loss of use
• loss of funds of another due to improper transfer
• data security and privacy injury
• statutory liability under state and federal privacy laws
• advertising injury
• intellectual property infringement

Governmental action may fall in both first- and third-party coverages depending on particular policy wording.

for Partial Summary Judgment at 6, Hub Parking Tech. USA, Inc. v. Ill. Nat’l Ins. Co., No. 2:19-cv-00727 (W.D. Pa. Dec. 3, 2019), ECF. No. 32 (arguing that printing receipts containing customers’ credit card numbers did not qualify as a “security failure” under the policy definition because there was no allegation of unauthorized access or unauthorized use of the computer system), dismissed, No. 2:19-cv-00727 (W.D. Pa. June 25, 2020), ECF. No. 54 (parties settled and agreed to a stipulation of dismissal).
[B] Claims Made

Most cyber policies are claims-made policies, which in very general terms means that the policy is triggered by a claim made and, in some cases, noticed during the policy period. Most claims-made policies contain provisions, commonly known as “tail” provisions, which provide an extended reporting period during which an insured can give notice of a claim made after the end of the policy period that alleges a wrongful act before the policy period ended. But even here, there is often a specific time span in which notice must be given to the insurer.

Claims-made policies are distinguished from occurrence policies, which are typically triggered by an event or damage during the policy period, regardless of when the occurrence is known to the insured or notified to the insurer. In some cases, such as mass torts, environmental contamination or asbestos, occurrence policies in effect at the time of the contamination or exposure to an allegedly dangerous product or substance can cover claims asserted decades later when the contamination is discovered or the policyholder is sued by a claimant who alleges recent diagnosis of illness.

Because cyber policies usually are written on a claims-made basis, at least for third-party liability coverages, they generally cover claims made, and in some cases also noticed, during the policy period. This allows the insurer to attempt to limit exposure to the policy period (and any tail period) without having to wait many years to see if a data breach is later discovered to have occurred during the period when the policy was in effect.

166. See generally 2 RONALD N. WEIKERS, DATA SEC. AND PRIVACY LAW § 14:36 (2015).
167. See generally 3 JEFFREY E. THOMAS, NEW APPLPEMAN ON INSURANCE LAW LIBRARY EDITION § 16.07 (2020).
168. See, e.g., Prodigy Commc’ns Corp. v. Agric. Excess & Surplus Ins. Co., 288 S.W.3d 374, 375 (Tex. 2009) (claims-made policy’s tail provision required insured to give notice of a claim “as soon as practicable . . . , but in no event later than ninety [90] days after the expiration of the Policy Period” which the court found binding).
170. See, e.g., Scott’s Liquid Gold, Inc. v. Lexington Ins. Co., 293 F.3d 1180, 1182–83 (10th Cir. 2002) (upholding a decision finding insurer has a duty to indemnify insured for occurrence of pollution into soil and groundwater in the 1970s, even though the action was brought in 1994); Keene Corp. v. Ins. Co. of N. Am., 667 F.2d 1034, 1040 (D.C. Cir. 1981) (finding insurer liable for injuries, as defined by the policy, that caused asbestos-related harm many years after inhalation in an occurrence policy). See generally 4 JEFFREY E. THOMAS, NEW APPLPEMAN ON INSURANCE LAW LIBRARY EDITION § 27.01 (2020).
In addition to having dates by which notice must be given, many claims-made policies have “retro” dates that preclude claims for breaches prior to a designated date, regardless of when the claim is asserted and noticed to the insurer. 171 Often, these retro dates are designed to limit coverage to the first time a particular carrier began issuing claims-made coverage to a particular insured.

Some policies include provisions under which subsequently asserted claims may be deemed to have been made in an earlier policy period because they “relate back” to an earlier, related incident. 172 These provisions are commonly referred to as “related acts” or “interrelated acts” clauses and are often found in claims-made policies, including cyber policies. 173 Such clauses are particularly relevant in the cyber context, because the forensic investigations that follow a breach often unearth indicia that a different, arguably related breach also occurred. Common elements that may be asserted to trigger a related acts provision may include the attack vector, the identity of the hacker, the vulnerability in the software or hardware that led to the attack, or the type of information compromised. 174

171. See, e.g., City of Shawnee v. Argonaut Ins. Co., 546 F. Supp. 2d 1163, 1181 (D. Kan. 2008) (policy contains “a Retroactive Date–Claims Made Coverage endorsement”); Coregis Ins. Co. v. Blancato, 75 F. Supp. 2d 319, 320–21 [S.D.N.Y. 1999] (“Retroactive Date” is defined in the policy as: the date, if specified in the Declarations or in any endorsement attached hereto, on or after which any act, error, omission or PERSONAL INJURY must have occurred in order for CLAIMS arising therefrom to be covered under this policy. CLAIMS arising from any act, error, omission or PERSONAL INJURY occurring prior to this date are not covered by this policy.”). See generally 3 Jeffrey E. Thomas, New Appleman Insurance Law Practice Guide § 16.07 (2020).

172. See, e.g., WFS Fin. Inc. v. Progressive Cas. Ins. Co., No. EDCV 04-976-VAP[SGLx], 2005 U.S. Dist. LEXIS 46751, at *6 (C.D. Cal. Mar. 29, 2005) (policy stated: “Claims based upon or arising out of the same Wrongful Act or Interrelated Wrongful Acts committed by one or more of the Insured Persons shall be considered a single Claim, and only one Retention and Limit of Liability shall be applicable. However, each such single claim shall be deemed to be first made on the date the earliest of such Claims was first made, regardless of whether such date is before or during the Policy Period.”), aff’d, 232 F. App’x 624 (9th Cir. 2007).

173. See, e.g., Travelers CyberRisk Form CYB-3001, § II.WW (ed. 07-10), www.travelers.com/iw-documents/apps-forms/cyberrisk/cyb-3001.pdf (“Related Wrongful Act means all Wrongful Acts that have as a common nexus, or are causally connected by reason of, any act or event, or a series of acts or events.”).

174. While there is a dearth of case law on this point specific to cyber policies, cases interpreting similar provisions in D&O policies may prove instructive. See, e.g., Bailey, Dan A., 2-24 LIABILITY OF CORPORATE
Under some policies, it may also be possible to provide a notice of circumstance, which will bring claims asserted after the policy expires into the policy period when the notice of circumstances was asserted.\footnote{Such notices are often at the discretion of the insured, but insurers sometimes raise issues as to the level of particularity required for such notices to be effective.}{175} Such notices are often at the discretion of the insured,\footnote{See generally \textit{3 Jeffrey E. Thomas, New Appleman on Insurance Law} Library Edition § 20.01 (2020).}{176} but insurers sometimes raise issues as to the level of particularity required for such notices to be effective.\footnote{See, e.g., JPMorgan Chase & Co. v. Travelers Indem. Co., 73 A.D.3d 9 [N.Y. App. Div. 1st Dep't 2010] [insurer argued that notice of circumstances was deficient because it was vague and based on conjecture].}{177}

\section*{§ 16:3.2 \textbf{Issues of Concern in Evaluating Cyber Risk Policies}}

Though they vary in structure and form, the new cyber risk policies raise a variety of issues, some of which are akin to issues posed by more traditional insurance policies and some of which are unique to these new forms.

\textbf{[A] What Is Covered?}

As noted above, cyber policies are, at least in some respects, named-peril policies.\footnote{See supra section 16:3.1[A].}{178} In other words, they generally cover specifically identified risks. In order to determine the utility of the coverage being provided, a policyholder needs to assess carefully its own risks and then compare them to the protections provided by a particular form. For example, a company in the business of providing cloud

\footnote{Offic\[ officers and directors\] § 24.05 (2016). Compare, e.g., WFS Fin. Inc. v. Progressive Cas. Ins. Co., 232 F. App’x 624, 625 [9th Cir. 2007] [two different suits were “Interrelated Wrongful Acts” despite fact that “the suits were filed by two different sets of plaintiffs in two different fora under two different legal theories” because “the common basis for those suits was the [insured’s] business practice of permitting independent dealers to mark up [the insured’s] loans"], with Nat’l Union Fire Ins. Co. of Pittsburgh, Pa. v. Ambassador Grp., Inc., 691 F. Supp. 618, 623–24 [E.D.N.Y. 1988] [claims were not “interrelated acts” despite fact that they “all involve allegations of wrongdoing of one sort or another and relate, in some way, to the demise of [the insured] and its subsidiaries” because the claims were “legally distinct claims that allege different wrongs to different people”].}{179}

\footnote{Compare, e.g., WFS Fin. Inc. v. Progressive Cas. Ins. Co., 232 F. App’x 624, 625 [9th Cir. 2007] (two different suits were “Interrelated Wrongful Acts” despite fact that “the suits were filed by two different sets of plaintiffs in two different fora under two different legal theories” because “the common basis for those suits was the [insured’s] business practice of permitting independent dealers to mark up [the insured’s] loans"), with Nat’l Union Fire Ins. Co. of Pittsburgh, Pa. v. Ambassador Grp., Inc., 691 F. Supp. 618, 623–24 [E.D.N.Y. 1988] (claims were not “interrelated acts” despite fact that they “all involve allegations of wrongdoing of one sort or another and relate, in some way, to the demise of [the insured] and its subsidiaries” because the claims were “legally distinct claims that allege different wrongs to different people”).}{175}

\footnote{See, e.g., AIG, Specialty Risk Protector, CyberEdge Security and Privacy Liability Insurance, General Terms and Conditions § 6(c) (2013), www.aig.com/content/dam/aig/america-canada/us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (giving insured option to provide notice “of any circumstances which may reasonably be expected to give rise to a Claim”).}{176}

\footnote{See supra section 16:3.1[A].}{177}
computing services to third parties gains limited protection from a policy form that specifically excludes, or does not cover in the first place, liabilities to third parties due to business interruption.\(^\text{179}\) On the other hand, a company that is highly reliant on cloud providers is left with substantial uninsured risk if its cyber policy does not include loss of information or disruption of its cloud provider.\(^\text{180}\) In another illustration of the issue, the array of problems and issues faced by policyholders that sell computer services are different from those of companies that sell no services to others but handle a great deal of statutorily protected medical or personal financial information. The availability of coverage may also depend on the kind of computer infrastructure involved. For example, a leading broker and insurer announced plans for a cyber product that would only be available in technology environments using specific Apple and Cisco products.\(^\text{181}\) Given all the permutations, the first step in analyzing any cyber policy is to compare the risks of the policyholder at issue to the specific coverages under consideration.

**[B] Confidential Information, Privacy Breach, and Other Key Definitions**

In most cyber policies, there are key definitions such as confidential information, personal identifiable information, computer or computer system, and privacy or security breach that are crucial to analyzing and understanding coverage. In some cases, policy language ties these definitions to statutory schemes in the United States and abroad that themselves continue to be in flux.\(^\text{182}\)

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179. In an example of insurance products evolving to meet specific needs, the International Association of Cloud & Managed Service Providers [MSPAlliance] has partnered with Lockton Affinity to offer a Cloud and Managed Services Insurance Program, which offers “comprehensive protection for cloud and managed service providers [MSPs].” See Celia Weaver, MSPAlliance® Launches Cloud Computing Insurance Program, MSPAlliance (Apr. 25, 2013), http://mspalliance.com/mspalliance-launches-cloud-insurance-program/.

180. See CRC Group, State of the Market: Is My Cloud Stack Insured by Cyber Coverage? (2016), www.crcins.com/docs/professional/Cloud_Stack.pdf [discussing the issue of insuring against contingent business interruption losses if a major cloud provider, like Amazon Web Services, were to suffer an outage or privacy breach].


182. As of December 2019, all fifty states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands had security breach notification laws, and in 2019, at least thirty-one states considered revisions to their existing security breach laws. 2019 Security Breach Legislation, NAT’L
However they are drafted, these key definitions and their applicability can be very technical and need to be reviewed by both insurance and technology experts to ensure that the risks inherent in a particular technology platform are adequately covered. This is particularly true as more and more businesses rely on third-party providers or affiliated entities within a corporate family for technology services. For example, some policies may cover leased computers or information in the hands of vendors while other policies may not. Coverage for data in the hands of a third party may require memorialization of the relationship in a written contract. Careful vetting of these key definitions is essential to understanding and negotiating coverage.

[C] Overlap with Existing Coverage

One of the difficult issues with the new cyber policies is determining what coverage they provide in comparison to the insurance provided by traditional policies. Most risk managers do not want to pay for the same coverage twice, much less to have two carriers arguing with each other as to which is responsible, or about how to allocate responsibility between them for a particular loss.

Many brokers prepare analyses for their clients of the interplay between traditional coverages and cyber policies, and these comparisons should be considered carefully to avoid multiple and overlapping coverages for the same risks. Examples of potential overlaps may include: physical destruction to computer equipment covered by property and cyber policies; disclosure of confidential personal information potentially covered by CGL, E&O, and cyber policies; and theft of computer resources or information under crime and cyber policies. The extent of any overlap among these or other coverages may only be identified by careful analysis. Indeed, insurers have sometimes argued that the availability of cyber policies in the marketplace should support a restrictive reading of traditional insurance products.¹⁸³

[D] Limits and Deductibles

Because cyber policies are typically structured as named peril policies, they often have specific limits or sublimits as well as deductibles for each type of coverage. Many cyber policies are crafted for “low frequency but high severity” cyber attacks affecting large amounts of electronic data. However, some companies face repeated smaller-scale data breaches and need to consider deductible structures that provide coverage for these costs. Primary and excess limits associated with a particular coverage also must be reviewed to ensure adequate coverage for risks of concern.

One issue that often arises in traditional policies, and may also arise in the cyber context, is whether an insured’s losses are subject to multiple sublimits or deductibles. For example, an insured’s policy may contain multiple “sublimits,” or “per claim” or “per occurrence” deductibles that apply to losses in various categories. Depending on the policy form, there may be arguments as to whether the insured is entitled to collect under multiple sublimits or whether the entirety of the insured’s losses are capped by one of the sublimits in question. Similar issues may arise when the policy contains multiple potentially


185. See id.


188. See, e.g., Hewlett-Packard Co. v. Factory Mut. Ins. Co., No. 04 Civ. 2791 [TPG] (DCF), 2007 WL 983990 (S.D.N.Y. 2007) [holding that insured was entitled to collect for property damage up to $50 million under its “electronic data processing” sublimit, as well as its additional losses for business interruption, which were not capped by the electronic data processing sublimit]; see also Penford Corp. v. Nat’l Union Fire Ins. Co. of Pittsburgh, 662 F.3d 497 (8th Cir. 2011) [the parties’ mutual understanding that the sublimits in the policy capped coverage for both property damage and business interruption losses].
applicable deductibles. When negotiating a cyber policy, it is important that the policy make clear how multiple sublimits and deductibles will apply in such situations. Where a policy has sublimits, it is also important to review excess policies to be sure they attach in excess of the sublimits as well as applicable aggregate limits.

Another issue concerns a “related acts” or “interrelated acts” provision. As noted above, these provisions sometimes aggregate claims from a single breach or related series of breaches into one claim or occurrence and thus may impact on the applicability of limits, sublimits, or retentions by aggregating losses from multiple incidents into a single claim or occurrence.

[E] Notice Requirements

As noted above, cyber policies are often claims-made policies. But unlike many claims-made policies, particularly in the liability context, cyber policies sometimes require notice to insurers of known occurrences and lawsuits “as soon as practicable.” These clauses are particularly common where insurers are obligated to defend a claim, the insurers’ view being that they want to know of the claim as early as possible in order to defend.

Putting aside issues of how soon as practicable, a question that commonly arises in situations where notice is required is when the


190. See supra section 16:3.1[B].

191. See supra note 172 and accompanying text.

192. See supra section 16:3.1[B].


194. See 8f-198 APFELMAN ON INSURANCE § 4734 [2020] [what is immediate or practicable depends upon the facts of a particular case and does not require instantaneous notice]; see also ALFRED D. WINDEH, INSURANCE CLAIMS AND DISPUTES § 1:1 (6th ed. 2013) [the soon-as-practicable standard generally involves a consideration of what is reasonable given the circumstances]. Many jurisdictions require the insurer to show prejudice to support a late notice defense. See, e.g., Ins. Co. of Pa. v. Associated Int’l Ins. Co., 922 F.2d 516, 524 [9th Cir. 1990] (“Under California law, the insurer has the burden of proving actual and substantial prejudice.”); Nat’l Sur. Corp. v. Immunex Corp., 297 F.3d 688, 696 [Wash. 2013] [same]. However, policies requiring notice within the policy period

(Proskauer, Rel. #8, 11/20) 16–49
obligation to give notice is triggered. For many years, practitioners have
advised large corporate insureds to limit the obligated to give notice
to when a specified individual or group of individuals—commonly
the risk manager, CFO, or general counsel—has knowledge of the
claim. This is especially important in far-flung organizations where
an individual who receives knowledge of a claim or potential claim
may not be in a position to give notice or even to understand that
notice is required. Where policies contain these kinds of provisions,
courts have repeatedly held them to be enforceable.\textsuperscript{195}

The issue of whose knowledge triggers the obligation to give notice
takes on particular significance in the context of cyber risks. There
may sometimes be a considerable lapse between the time of a covered
event and the time when knowledge of that event surfaces. In some
cases, knowledge of the event may be confined to front-line informa-
tion technology personnel who are focused on containing the prob-
lem and have no familiarity with insurance or its requirements. As
a result, policyholders may attempt to negotiate provisions in cyber
policies that predicate notice requirements on knowledge by the risk
manager, CFO, CIO, or similarly appropriate individuals. When the
insurance policy contains such knowledge-based language, it may
also be important to develop internal procedures to ensure that insur-
able claims or events are brought to the attention of such individuals.

\textbf{[F] Coverage for Regulatory Investigations or
Actions}

A major issue in evaluating cyber insurance relates to the extent
to which there is coverage for regulatory investigations or actions.
As an example, the Federal Trade Commission (FTC) regularly files
complaints or launches investigations, both formal and informal,\textsuperscript{196}

or an extended reporting period are often enforced. See, e.g., James &
Hackworth v. Cont’l Cas. Co., 522 F. Supp. 785 (N.D. Ala. 1980) [enforc-
ing provision that required insured to provide notice during the policy
period or within sixty days after its expiration].

Div. 2011) [upholding a provision stating: “The subject policy required
the insured to provide notice of a loss at the earliest practicable moment
after discovery of loss by the Corporate Risk Manager;” and provided
that “Discovery occurs when the Corporate Risk Manager first becomes
aware of facts.”]; QBE Ins. Corp. v. D. Gangi Contracting Corp., 888
N.Y.S.2d 474, 475 (App. Div. 2009) [enforcing an insurance policy stat-
ing: “Knowledge . . . by Your agent, servant or employee shall not in itself
constitute knowledge of you unless the Corporate Risk Manager of Your
corporation shall have received notice of such Occurrence.”].

\textsuperscript{196.} An FTC report summarizing more than fifty enforcement actions it has
brought involving cybersecurity distills the lessons learned from those
into company practices that may violate section 5 of the Federal Trade Commission Act ("FTC Act") by unfairly handling consumer information.\textsuperscript{197} Other regulatory bodies have entered the fray as well. For instance, one Securities & Exchange Commission (SEC) commissioner has stated that even though a company’s management team may have primary responsibility for overseeing cyber risk management, the board of directors is responsible for overseeing the implementation and appropriateness of these programs.\textsuperscript{198} Cybersecurity cases have become a principal enforcement focus for the SEC, specifically relating to internal controls to protect market integrity and disclosure of material cyber events.\textsuperscript{199} Likewise, the Financial Industry

\textsuperscript{197} The FTC’s power was affirmed in FTC v. Wyndham Worldwide Corp., 799 F.3d 236 (3d Cir. 2015), where the federal court rejected a challenge to the FTC’s authority to use its section 5 authority to sue merchants for data breaches. After Wyndham suffered several data breaches between 2008 and 2010, the FTC filed an action alleging that Wyndham engaged in unfair practices and that its privacy policy was deceptive. \textit{Id.} at 240; \textit{see also} Opinion at 1, \textit{In re LabMD, Inc.}, No. 9357 (FTC July 29, 2016) (concluding LabMD’s security practices were unreasonable and lacked “even basic precautions” that could protect against a data breach; noting deficiencies with the company’s failure to [1] use an intrusion-detection or file-monitoring system; [2] monitor traffic coming across its firewalls; [3] provide data security training to its employees; and [4] periodically delete consumer data that it had collected), \textit{vacated sub nom.} LabMD, Inc. v. Fed. Trade Comm’n, 894 F.3d 1221 (11th Cir. 2018) (finding unenforceable the FTC’s cease and desist order for LabMD to implement security measures, noting that the FTC “mandates a complete overhaul of LabMD’s data-security program and says precious little about how this is to be accomplished”); Complaint, \textit{In re Snapchat, Inc.}, Dkt. No. C-4501 (F.T.C. May 8, 2014) (alleging that Snapchat violated section 5 of the FTC Act by, among other things, falsely representing that its users’ messages would permanently disappear and by collecting users’ location information) (settled in Dec. 2014). In the agency’s first children’s privacy and security case, VTech Electronics settled a claim by the FTC alleging that the electronic toymaker collected personal information about children without providing notice and obtaining parental consent, and thereafter failed to adequately protect the information. United States v. V Tech Elecs., Ltd., No. 1:18-cv-00114 (N.D. Ill. Jan. 8, 2018).


\textsuperscript{199} \textit{Id.}
§ 16:3.2

Proskauer on Privacy

Regulatory Authority (FINRA) has stated that cybersecurity is an enforcement priority.\textsuperscript{200} State attorneys general also exercise investigative and prosecutorial powers in the cyber area, as do regulatory and law enforcement authorities around the globe.\textsuperscript{201} For example, in July 2020, New York’s Department of Financial Regulation filed charges against First American Title Insurance Company for allegedly violating the state’s Cybersecurity Requirements for Financial Services Companies by failing to perform risk assessments and to properly test, identify, and remedy a website vulnerability that allowed unauthorized access to tens of millions of records containing consumers’ sensitive data.\textsuperscript{202} The Statement of Charges seeks remedy of the violations and “civil monetary penalties.”\textsuperscript{203}

In many instances, coverage for these kinds of situations will turn on the definition of “claim” in the relevant policy.\textsuperscript{204} If, for example, a claim is defined as an action for civil damages, regulatory actions may not fall within that category.\textsuperscript{205} Most cyber policies address this issue by including a broader definition of “claim” that encompasses criminal proceedings, claims for injunctive relief, and certain administrative or regulatory proceedings as well.\textsuperscript{206}

\begin{footnotesize}
\begin{enumerate}
\item Id.
\item See also infra note 277 (discussing exclusion for failure to consistently implement cyber risk controls).
\item See, e.g., Passaic Valley Sewerage Comm’rs v. St. Paul Fire & Marine Ins. Co., 21 A.3d 1151, 1159 (N.J. 2011) (rejecting an insured’s coverage for a claim for injunctive regulatory relief because, under the policy, a claim was defined as one for civil damages).
\item See, e.g., AIG CyberEdge Security and Privacy Liability Insurance, Form 101024 (2013), www.aig.com/content/dam/aig/america-canada/us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (“Claim” means: (1) a written demand for money, services, non-monetary relief or injunctive relief; (2) a written request for mediation or arbitration, or to toll or waive an applicable statute of limitations; (3) a suit; or (4) a regulatory action [meaning “a request for information, civil investigatory demand or civil proceeding brought by or on behalf of a governmental agency, including requests for information related thereto”]). Similarly, in the D&O context, see, e.g., CHUBB Forefront for Insurance Companies Policy, Form 17-02-1716, § 36 (1999) (“Claim means: [a] a written demand for monetary damages; [b] a civil proceeding

As illustrated by various cases involving D&O liability policies, the definition of claim can be very important in establishing the degree of formality required for coverage to be available for a particular regulatory initiative. Some policies, for example, require the filing of a notice of charges, an investigative order, or similar document. Under such policies, insurers may attempt to require a proceeding initiated by formal administrative action as a precondition to coverage. This can be problematic since many administrative initiatives are informal and policyholders often prefer that they remain at an informal stage.

The issue is illustrated by cases like Office Depot, Inc. v. National Union Fire Insurance Co. of Pittsburgh, Pa. and MBIA, Inc. v. Federal Insurance Co. In the Office Depot case, the policyholder sought coverage for an SEC investigation into assertions it had selectively disclosed certain non-public information in violation of federal securities laws. While the SEC's investigation of Office Depot had commenced in 2007, no subpoena was issued until 2008. The policy contained coverage for a "securities claim," but the definition of "securities claim" specifically carved out "an administrative or regulatory proceeding against, or investigation of the [company]" unless commenced by the service of a complaint or similar pleading, or a criminal proceeding commenced by the return of an indictment, or a formal administrative or regulatory proceeding.

207. Compare AIG Executive Edge Public Company Directors & Officers Liability, Form 115485 (June 2013), § 14 (2013), www.aig.com/content/dam/aig/america-canada/us/documents/business/management-liability/portfolioselect-for-public-companies-specimen-policy-brochure.pdf [defines “claim” to include “proceedings” that are “commenced by [i] service of a complaint or similar pleading; [ii] return of an indictment, information or similar document [in the case of a criminal proceeding]; or [iii] receipt or filing of a notice of charges.”], with AIG Executive Liability, Directors, Officers and Private Company Liability Insurance, Form 95727 (Sept. 2007), § 2(b)(iii) (2007), www.eperils.com/pol/95727.pdf [also includes within the definition of “claim” “investigations” of individual insureds once identified in writing by an investigatory authority, or served a subpoena or Wells notice by the Securities and Exchange Commission].


210. Office Depot, 453 F. App’x at 871.

211. Id. at 874.
“during the time such proceeding is also commenced and continuously maintained against an Insured Person.”

Recognizing that the policy provided coverage for regulatory or administrative proceedings under certain circumstances, the Eleventh Circuit held that the policy did not provide coverage for administrative or regulatory “investigations.” The Office Depot court held that informal requests by the SEC were part of an investigation that did not become a proceeding and subject to coverage until the issuance of a subpoena.

A different approach is illustrated by the MBIA case. There, the policyholder, MBIA, sought coverage for an SEC investigation into its reporting of three financial transactions. While the SEC obtained a formal investigatory order, it did not issue subpoenas to MBIA because MBIA had asked the SEC to “accept voluntary compliance with their demands for records in lieu of subpoenas to avoid adverse publicity for MBIA.”

The insurer provided coverage for any “formal or informal administrative or regulatory proceeding or inquiry commenced by the filing of a notice of charges, formal or informal investigative order or similar document.” The insurers argued that

212. As the court explained:

Two policy provision[s] are relevant to the disposition of this issue. First, the insuring agreement language provides:

**COVERAGE B: ORGANIZATION INSURANCE**

(i) *Organization Liability.* This policy shall pay the Loss of any Organization arising from a Securities Claim made against such Organization for any Wrongful Act of such Organization. . . .

The policy defines a Securities Claim as:

a Claim, *other than an administrative or regulatory proceeding against, or investigation of an Organization*, made against any Insured:

(1) alleging a violation of any federal, state, local or foreign regulation, rule or statute regulating securities . . .; or

(2) brought derivatively on the behalf of an Organization by a security holder of such Organization.

Notwithstanding the foregoing, the term “Securities Claim” shall include an administrative or regulatory proceeding against an Organization, but only if and only during the time such proceeding is also commenced and continuously maintained against an Insured Person.

*Id.* at 875 (footnotes omitted).

213. *Id.* at 877.

214. *Id.* at 878.


216. *Id.* at 156.

217. *Id.* at 159.
because the SEC’s investigation of MBIA had proceeded through oral requests, as opposed to subpoenas or other formal processes, the SEC investigation was not covered under the policy.\textsuperscript{218} The Second Circuit held that the oral requests were issued pursuant to a formal investigative order and thus constituted securities claims under the policy.\textsuperscript{219} The Second Circuit went on to state that “insurers cannot require that as an investigation proceeds, a company must suffer extra public relations damage to avail itself of coverage a reasonable person would think was triggered by the initial investigation.”\textsuperscript{220}

Modern policies, including cyber policies, have dealt with these issues in a variety of ways, including provisions providing explicit coverage for informal inquiries or the cost of preparing an individual to testify;\textsuperscript{221} however, some of these provisions do not cover the substantial cost that the company, as opposed to the individual, may be forced to incur, particularly where there is extensive electronic discovery or document productions. Insureds generally seek to procure insurance policies with a low threshold for what triggers coverage in relation to a regulatory investigation.

Another issue that is sometimes raised by insurers when policyholders seek coverage for a regulatory investigation or action is whether there has been a “Wrongful Act” under the definition in the relevant policy. For example, in \textit{Employers’ Fire Insurance Co. v. ProMedica Health Systems, Inc.},\textsuperscript{222} the court considered whether there was coverage for an FTC antitrust investigation\textsuperscript{223} that culminated in the FTC initiating an administrative proceeding against the policyholder.\textsuperscript{224} The policy in \textit{ProMedica} defined “Wrongful Act” to include “any actual or alleged antitrust violation.”\textsuperscript{225} The \textit{ProMedica}
court concluded that the FTC investigation was not “for a Wrongful Act” because the FTC did not “affirmatively accuse [the policyholder] of antitrust violations” until it filed its January 6, 2011, administrative action.\textsuperscript{226} According to the court, until the commencement of an administrative action, the FTC investigation had merely sought to determine whether the policyholder had committed antitrust violations.\textsuperscript{227} Thus, the ProMedica court held that there was no coverage under the policy until January 2011 when the FTC filed a complaint against the policyholder alleging various antitrust violations.\textsuperscript{228}

The requirement of a “Wrongful Act” was also recently considered in one of the few reported decisions interpreting a cyber risk policy.\textsuperscript{229} In Travelers v. Federal Recovery Services, the court held that the insurer had no duty to defend its insured under a technology errors and omissions policy against an underlying suit in which the sole allegations related to intentional conduct.\textsuperscript{230} The Travelers policy defined “errors and omissions wrongful act” to mean “any error, omission or negligent act.”\textsuperscript{231} The court reasoned that the claims—that the insured refused to return its clients’ confidential customer billing information—were not because of an “error, omission, or negligent act” as required by the policy, but rather that the insured acted with knowledge, willfulness and malice.\textsuperscript{232}

Many cyber policies eliminate these issues by not including the same kind of requirements for “formal investigation” or specific assertions of a “Wrongful Act” that sometimes exist in certain types of traditional policies. The extent of coverage for regulatory investigations and informal actions, as well as coverage for regulatory remedies and the availability of defense coverage,\textsuperscript{233} are important factors in evaluating cyber coverage.

\textbf{[G] Definition of Loss}

Another area raised by regulatory activities is coverage for fines, penalties, and disgorgement. Some policies purport to exclude coverage

\begin{itemize}
\item \textsuperscript{226} Id. at 248.
\item \textsuperscript{227} Id. at 249.
\item \textsuperscript{228} Id. at 253.
\item \textsuperscript{230} Id. at 1302.
\item \textsuperscript{231} Id. at 1299.
\item \textsuperscript{232} Id.
\item \textsuperscript{233} See supra notes 246–248 and accompanying text.
\end{itemize}
for fines and penalties or for violations of law.234 Others explicitly provide such coverage.235

Even where such remedies are covered by the policy language, insurers sometimes argue that the coverage is contrary to public policy. This issue was considered by the Illinois Supreme Court in Standard Mutual Insurance Co. v. Lay,236 where the insurer argued that statutory damages of $500 per violation under the Telephone Consumer Protection Act (TCPA)237 should be denied as akin to punitive damages. Some states hold that coverage for punitive damages is contrary to public policy238 or is allowed only under limited circumstances.239 After reviewing the relevant statutory history, the court concluded in Lay that the statutory damages under the TCPA were compensatory in nature and not precluded by public policy.240

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237. See supra note 82.

238. See, e.g., Ace Am. Ins. Co. v. Dish Network LLC, 883 F.3d 881, 888 (10th Cir. 2018) (“TCPA’s statutory damages are penal under Colorado law and, even if they were otherwise covered under the policies, Colorado’s public policy prohibits the insurability of such penalties and bars coverage.”); Soto v. State Farm Ins. Co., 635 N.E.2d 1222, 1224 (N.Y. 1994) (“a rule permitting recovery for excess civil judgments attributable to punitive damage awards would be unsound public policy”).

239. See, e.g., Magnum Foods, Inc. v. Cont’l Cas. Co., 36 F.3d 1491, 1497–98 (10th Cir. 1994) (holding that insurance coverage of punitive damages is against public policy, except when the party seeking coverage has been held liable for punitive damages solely under vicarious liability).

In an effort to avoid such issues, policies sometimes contain provisions that require the determination of coverage for punitive damages or regulatory remedies to be governed by “favorable law” or by law of a specific jurisdiction such as England or Bermuda, which has case law permitting such coverage.  

There also has been active litigation in recent years concerning the availability of insurance for certain regulatory remedies such as disgorgement. In some cases, the issue is dealt with as an issue of public policy with different courts taking different views of the issue. While some cases suggest that disgorgement of ill-gotten gains may not be insurable as a matter of public policy, others come to a different conclusion. These varying decisions may turn on whether there

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241. See, e.g., Lancashire Cty. Council v. Mun. Mut. Ins. Ltd [1997] QB 897 [Eng.] (“There is no present authority in English law which establishes that it is contrary to public policy for an insured to recover under a contract of insurance in respect of an award of exemplary damages whether imposed in relation to his own conduct or in relation to conduct for which he is merely vicariously liable. Indeed newspapers, we are told, regularly insure against exemplary damages for defamation.”).

242. See, e.g., Ryerson Inc. v. Fed. Ins. Co., 676 F.3d 610, 613 (7th Cir. 2012) (describing a policy that covers disgorgement of ill-gotten gains and stating that “no state would enforce such an insurance policy”); Unified W. Grocers, Inc. v. Twin City Fire Ins. Co., 457 F.3d 1106, 1115 [9th Cir. 2006] (“California case law precludes indemnification and reimbursement of claims that seek the restitution of an ill-gotten gain”) (citation omitted); Level 3 Commc’ns, Inc. v. Fed. Ins. Co., 272 F.3d 908, 910 [7th Cir. 2001] (district court should have ruled that disgorging profits of theft is against public policy); Mortenson v. Nat’l Union Fire Ins. Co., 249 F.3d 667, 672 [7th Cir. 2001] (“It is strongly arguable, indeed, that insurance against the section 6672(a) penalty, by encouraging the nonpayment of payroll taxes, is against public policy[,]”).

is a true disgorgement of profits, the regulator is a pass-through, or
disgorgement is a surrogate measure of damages.\(^{244}\)

Putting public policy arguments aside, the language of the policy
may be determinative. For example, some courts have found disgorge-
ment to fall within the meaning of “loss,” while others have found
that it does not fall within the meaning of “damages.”\(^{245}\) Depending
on policy wording, defense costs may be covered with respect to a dis-
gorgement claim even where a court holds that public policy precludes
indemnity coverage.\(^{246}\) Similarly, an insurer may be obligated to pay
defense costs even though a regulatory remedy may not be covered,
as long as the regulatory proceeding constitutes a claim under the
applicable policy definition.\(^{247}\) Finally, as noted above, policies some-
times contain specific choice-of-law provisions requiring application
of the law of a jurisdiction that favors coverage for remedies like fines
or penalties.\(^{248}\)

\(^{244}\) See, e.g., Limelight Prods., Inc. v. Limelite Studios, Inc., 60 F.3d 767, 769
[11th Cir. 1995] (“recognizes ill-gotten profits as merely another form of
damages that the statute permits to be presumed because of the proof
unavailability in these actions”); JP Morgan Sec., Inc. v. Vigilant Ins. Co.,
992 N.E.2d 1076, 1082–83 [N.Y. 2013] [denying insurers’ motion to dis-
miss where Bear Stearns agreed to pay $160 million designated as “dis-
gorgement” in SEC order, but “the SEC order does not establish that the
$160 million disgorgement payment was predicated on moneys that Bear
Stearns itself improperly earned as a result of its securities violations”];
Div. 2018], leave to appeal granted in part, dismissed in part
[34 N.Y.3d
1196 (2020) (granting defendant insurers’ motion for summary judgment
concluding that “as SEC disgorgement is a penalty, it does not fall within
the definition of ‘Loss’ and there is no coverage”). See also Liu v. Sec. &
Exch. Comm’n, 140 S. Ct. 1936 [2020].

2:07-cv-1285, 2011 U.S. Dist. LEXIS 111583, at *31 [S.D. Ohio Sept. 29,
2011] [a policy’s definition of loss covered wrongfully retained money],
2011] (“return of profits obtained illegally does not constitute covered
damages”); see also Level 3 Commc’ns, Inc. v. Fed. Ins. Co., 272 F.3d
908, 910 [7th Cir. 2001] [noting that policies covering “damages” provide
broader coverage than those insuring against a “loss”].

\(^{246}\) See, e.g., Vigilant Ins. Co. v. Credit Suisse First Bos. Corp., No.
[finding that because the “term ‘loss’ includes defense costs,” insurer
must pay for them, even though the remedy for disgorgement of ill-gotten
gains is not insurable as a matter of public policy].

\(^{247}\) See, e.g., Bodell v. Walbrook Ins. Co., 119 F.3d 1411, 1414 [9th Cir. 1997]
[holding that an insurer must pay defense costs related to a U.S. Postal
Inspection Service investigation as the regulatory proceeding constituted a
claim under the policy, even though a remedy for fraud would not be covered].

\(^{248}\) See text accompanying supra note 241.
Who Controls Defense and Settlement

The issue of who controls the selection of counsel, the course of defense, and decisions whether to settle can be extremely important under any insurance policy. Many policies, including cyber policies, give the insurer varying degrees of control over these issues. These matters should be carefully considered at the time a policy is being negotiated, when there may be flexibility on both sides, as opposed to after a claim arises.

With respect to the selection of counsel, insurance policies that contain a duty to defend often give the insurance company the unilateral right to appoint counsel unless there is a reservation of rights or some other situation that gives the insured the right to appoint counsel at the insurer’s expense. Policyholders are often surprised to find that they are confronted with a case that is very important to them but that their policy allows attorneys or other professionals to be selected and controlled in varying degrees by the insurer. While this may be appropriate in routine matters without significant reputational or other exposure to the company, or in situations where there is a service that has been bargained and paid for by the insured, many insureds confronted with a cyber breach prefer to select and utilize their own counsel.

A compromise position in some policy forms involves the use of “panel counsel.” Under this approach, the policyholder is entitled to select counsel for the defense of a claim, but choices are restricted to a list of lawyers designated by the insurer. In some cases, the list is appended to the policy. In others, it is set forth on a website.

249. Compare Twin City Fire Ins. Co. v. Ben Arnold-Sunbelt Beverage Co., 433 F.3d 365, 367 [4th Cir. 2005] (“The insurance company, in turn, typically chooses, retains, and pays private counsel to represent the insured as to all claims.”), with HK Sys., Inc. v. Admiral Ins. Co., No. 03 C 0795, 2005 WL 1563340, at *16 [E.D. Wis. June 27, 2005] [when there is a conflict of interest between the insurer and the insured, “the insurer retains the right either to choose independent counsel or to allow the insured to choose counsel at the insurer’s expense”], San Diego Navy Fed. Credit Union v. Cumis Ins. Soc’y, 208 Cal. Rptr. 494, 506 [Ct. App. 1984] (“The insurer must pay the reasonable cost for hiring independent counsel by the insured . . . [and] may not compel the insured to surrender control of the litigation.”), superseded by CAL. CIV. CODE § 2860 [2012], and Md. Cas. Co. v. Peppers, 355 N.E.2d 24, 31 [Ill. 1976] [insured “has the right to be defended in . . . case by an attorney of his own choice” that is paid for by insurer, when there is a conflict between insurer and insured].

250. The ethical obligations of counsel in these circumstances can be particularly complex. See, e.g., WILLIAM T. BARKER & CHARLES SILVER, PROFESSIONAL RESPONSIBILITIES OF INSURANCE DEFENSE COUNSEL §§ 11–12, 14 (2017).
maintained by the insurer. In either case, the policyholder may be contractually limited to selecting counsel from the panel counsel list, at least in the absence of a conflict of interest.

The panel counsel lists of most major insurance companies include some well-known and able lawyers; however, there can be problems with the panel counsel approach from the insured's prospective. First, panel counsel often expect to receive an ongoing flow and volume of work from the insurance company. As a result, they may be extremely attentive to the insurance company's approach and the way in which it wants to handle cases. Second, in some cases, panel counsel have agreed to handle cases for a particular insurance company's insureds at sharply discounted rates. These rate requirements may preclude law firms with substantial expertise in a particular area from agreeing to participate on the panel. They may also incentivize use of less experienced lawyers. Third, panel counsel are not necessarily lawyers typically used by the policyholder. As a result, they may have no familiarity with the policyholder or its business and management and may lack the trust built by a long attorney-client relationship.

In light of these concerns, it is important to review carefully any panel counsel provisions in a particular policy. In many cases where a company has a “go-to” counsel that it expects to use in the event of a covered claim, the insurance company will agree in advance to include those lawyers on the panel counsel list for that particular insured. This is an issue that should be considered when the policy is being negotiated since it is frequently easier to negotiate inclusion of a policyholder's normal counsel at the time the policy is being negotiated, as opposed to after a claim has occurred.

The issue of selection of counsel is closely aligned to the questions of control of defense and control of settlement. Particularly where there is a duty to defend, the insurer may have a high degree of control of the defense of a claim. While disagreements between the insurer and the insured on defense strategy may raise difficult legal and ethical issues, the key for present purposes is, again, to


consider the matter when the policy is being negotiated so the insured understands the implications of the policy being purchased. At a minimum, the insured will almost always have a duty to cooperate with its insurer that raises issues about privilege and other matters. In addition, policies may include insurer rights to consent to settlement and to covered expenditures that should be reviewed both when a policy is negotiated and in the event of a claim.

These issues may be particularly significant in the area of settlement. Most policies give an insurer the right to consent to any settlement. In some cases, a policyholder may want to settle and how the defense should be conducted cannot amount to a conflict of interest. . . . If it did, the insured, not the insurer, could control the defense by merely disagreeing with the insurer’s proposed actions.”]. See generally WILLIAM T. BARKER & CHARLES SILVER, PROFESSIONAL RESPONSIBILITIES OF INSURANCE DEFENSE COUNSEL §§ 11–12, 14 (2017); 3 JEFFREY E. THOMAS, NEW APPL EMAN ON INSURANCE LAW LIBRARY EDITION § 17.07 (2020) [discussing the consequences an insurer’s breach of the duty to defend]; supra note 254.


255. See, e.g., CHUBB CyberSecurity Form 14-02-14874, § XIV.C (2009), www.chubb.com/businesses/csi/chubb10308.pdf (“No Insured shall settle or offer to settle any Claim . . . without the Company’s prior written consent”).

the insurer believes the amount proposed is excessive. In certain circumstances, the insurer can refuse to consent, but must generally act reasonably and may face liability in excess of policy limits if the insured is later required to pay a judgment in excess of the proposed settlement.

Alternatively, the insurer may want to settle where the policyholder does not. Some insurance policies give the insurer the right to do this, while other policies do not. Others provide that where an insurer wants to settle and an insured does not, only a portion of future fees and settlement costs in excess of the rejected settlement will be covered. Again, the starting place is the policy, so the

257. See, e.g., Certain Underwriters of Lloyd’s v. Gen. Accident Ins. Co. of Am., 909 F.2d 228, 232 (7th Cir. 1990) (an insurer may refuse to settle, as “the insurer has full control over defense of the claim, including the decision to settle”); Restatement of the Law of Liability Insurance § 25 (2019).


259. See, e.g., Am. Hardware Mut. Ins. Co. v. Harley Davidson of Trenton, Inc., 124 F. App’x 107, 112 (3d Cir. 2005) (“The Rova Farms rule is thus: (1) if a jury could find liability, (2) where the verdict could exceed the policy limit, and (3) the third-party claimant is willing to settle within the policy limit, then (4) in order to be deemed to have acted in good faith, the insurer must initiate settlement negotiations and exhibit good faith in those negotiations. American Hardware was obligated to initiate settlement negotiations and did not; therefore it acted in bad faith and is liable for the excess verdict.”); Nat’l Union Fire Ins. Co. v. Cont’l Ill. Corp., 673 F. Supp. 267, 270 (N.D. Ill. 1987) (“Illinois has long recognized an insured’s right to hold the insurer responsible for an amount in excess of the policy limits when the insurer has been guilty of fraud, bad faith or negligence in refusing to settle the underlying claim against the insured within those limits.”); Restatement of the Law of Liability Insurance § 25 (2019).

260. Compare Sec. Ins. Co. v. Schipporeit, Inc., 69 F.3d 1377, 1383 (7th Cir. 1995) [policy required the insured’s consent to a settlement], and Brion v. Vigilant Ins. Co., 651 S.W.2d 183, 184 [Mo. Ct. App. 1983] [terms of the policy required the insured’s consent], with Papudesu v. Med. Malpractice Joint Underwriting Ass’n of R.I., 18 A.3d 495, 498–99 (R.I. 2011) [insurance policy gave the insurer the right to settle “as it deems expedient,” even without insured’s consent].

261. See, e.g., CHUBB CyberSecurity Form 14-02-14874, § XIVD (2009), www.chubb.com/businesses/csi/chubb10308.pdf (“If any Insured withholds consent to any settlement acceptable to the claimant . . . then the Company’s liability for all Loss, including Defense Costs, from such Claim shall not exceed the amount of the Proposed Settlement plus Defense Costs incurred.”); AIG CyberEdge Security and Privacy
language should be considered by the parties at the time the policy is being negotiated.

[II] Control of Public Relations Professionals

Many cyber policies provide coverage for certain kinds of crisis management activities, which may encompass expenses of public relations experts and certain kinds of advertising. Typically, the dollar limits for such coverages are relatively low, but these provisions may cede control of public relations experts and budget, in varying degrees, to the insurer. Media experts who deal with cyber privacy breaches can have special expertise, and some policyholders view insurer expertise in selecting the right experts and managing these kinds of situations as one of the benefits of purchasing coverage. Other policyholders may not wish to relinquish control of these issues, particularly where limits applicable to crisis management expenses are small. In some cases, the policyholder may deal with these issues by negotiating with the insurer to include the policyholder’s chosen expert as an option under the policy. In any event, selection and management of public relations professionals, like selection of defense attorneys, is an issue that should be evaluated in purchasing cyber coverages.

Liability Insurance, Form 101024 (2013), www.aig.com/content/dam/aig/americ-ca-us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (“The Insurer’s duty to defend ends if an Insured refuses to consent to a settlement that the Insurer recommends pursuant to the SETTLEMENT provision below and that the claimant will accept. As a consequence of such Insured’s refusal, the Insurer’s liability shall not exceed the amount for which the Insurer could have settled such Claim had such Insured consented, plus Defense Costs incurred prior to the date of such refusal, plus 50% of Defense Costs incurred with the Insurer’s prior written consent after the date of such refusal.”).

262. See, e.g., CHUBB CyberSecurity Form 14-02-14874, § I.C. (2009), www.chubb.com/businesses/csi/chubb10308.pdf (providing coverage for crisis management expenses, which includes advertising and public relations media and activities); AIG CyberEdge Security and Privacy Liability Insurance, Form 101024 (2013), www.aig.com/content/dam/aig/americ-ca-us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (“Loss” includes costs incurred within one year of discovery of security failure or security event for “a public relations firm, crisis management firm or law firm agreed to by the Insurer to advise an Insured on minimizing the harm to such Insured, including, without limitation, maintaining and restoring public confidence in such Insured.”).
Issues Created by Involvement of Policyholder Employees

Some policies exclude “loss caused by an employee.” This kind of exclusion can be problematic in a cyber policy where cyber issues sometimes involve an inside job.

Even where there is not a blanket employee exclusion, insurance policies often preclude coverage for liabilities expected or intended or damage knowingly caused by “the insured.” A common question in insurance contracts, which is equally significant in the context of cyber policies, is whose knowledge controls the applicability of potentially applicable exclusions.

The obvious concern in the cyber context is the situation in which an employee is intentionally responsible for a privacy breach or perhaps for selling confidential information to others. Resultant claims against the employee are likely excluded, in varying degrees, by most insurance policies. But the question that arises is whether any applicable exclusions are limited to the responsible employee or the corporate policyholder as a whole.

Case law developed under traditional insurance coverages has varied with respect to the extent to which knowledge or intentional misconduct by an employee can be attributed to the policyholder for purposes of denying coverage. Some cases require the knowledge to be by a senior person or officer or director before the intent will be attributed to the company. Others may not.

263. See, e.g., CNA NetProtect 360, Form G-147051-A, § VI.A.1; Chubb Executive Protection Portfolio, Crime Insurance Policy—Retail, Form 14-02-7307, § 13(b) [2010].


265. See, e.g., Legg Mason Wood Walker, Inc. v. Ins. Co. of N. Am., No. 78-0927, 1980 U.S. Dist. LEXIS 13088, at *18 (D.D.C. July 24, 1980) [because neither of individuals involved in intentional misconduct was an officer, director, stockholder, or partner, the insured’s claim is still covered by insurer).

266. See, e.g., FMC Corp. v. Plaisted & Cos., 72 Cal. Rptr. 2d 467, 61 Cal. App. 4th 1132, 1212–13 [Ct. App. 1998] [upholding jury instructions that stated “[K]nowledge which a corporation’s employee receives or has in mind when acting in the course of his or her employment is in law the knowledge of the corporation, if such knowledge concerns a matter
Today, many policies deal with this issue by use of a severability clause. A typical such clause states that no fact pertaining to, and no knowledge possessed by, any insured person shall be imputed to another insured person, and many specify that only the knowledge of certain high-level company officers is imputed to the company.\footnote{267} Under such clauses, the knowledge or intent is limited to the relevant individual and not attributed to others.\footnote{268}

A second issue with these kinds of exclusions arises when knowledge or intent is disputed. While some policies limit the ability of an insurer to deny coverage in this context to situations where there has been a “final adjudication,” the courts vary on whether such an adjudication must be in an underlying case or can be in an insurance coverage case, including one initiated by the carrier.\footnote{269} Insurance policies often address this issue by utilization of a final adjudication clause. An illustrative policy provision provides:

The company shall not be liable under Insuring Clause X for Loss on account of any Claim made against any Insured Person:

[a] based upon, arising from, or in consequence of any deliberately fraudulent act or omission or any willful violation of

\footnote{267} See, e.g., CHUBB CyberSecurity Form 14-02-14874, § IV (2009), www.chubb.com/businesses/csi/chubb10308.pdf (“for the purposes of determining the applicability of [certain exclusions] . . . A. no fact pertaining to or knowledge possessed by any Insured Person shall be imputed to any other Insured Person to determine if coverage is available; and B. only facts pertaining to or knowledge possessed by an Insured Organization’s [certain executive officers] shall be imputed to such Insured Organization to determine if coverage is available”). See generally 4 JEFFREY E. THOMAS, APPLEMAN ON INSURANCE § 26.07 (2020).

\footnote{268} See, e.g., Chrysler Ins. Co. v. Greenspoint Dodge of Houston, Inc., 297 S.W.3d 248, 253 (Tex. 2009) [stating, in the context of a severability clause, “intent and knowledge for purposes of coverage are determined from the standpoint of the particular insured, uninfluenced by the knowledge of any additional insured”].

\footnote{269} See, e.g., Wintermute v. Kan. Bankers Sur. Co., 630 F.3d 1063, 1071–73 (8th Cir. 2011) [insurer not relieved of duty to defend based on personal profit and dishonesty exclusions unless proven in underlying case that the director actually received personal gain or was involved in dishonest acts]; Pendergest-Holt v. Certain Underwriters at Lloyd’s of London, 600 F.3d 562, 573 (5th Cir. 2010) (“in fact” language is read more broadly than a “final adjudication” clause and satisfied by a final judgment in either the underlying case or a separate coverage case); Atl. Permanent Fed. Sav. & Loan Ass’n v. Am. Cas. Co., 839 F.2d 212 (4th Cir. 1988) [the exclusion does not apply unless there is a judgment adverse to the officers and directors in the underlying suit]; see also infra notes 270–272.
any statute or regulation by such Insured Person, if a **final, non-appealable adjudication in any underlying proceeding or action** establishes such a deliberately fraudulent act or omission or willful violation; or

(b) based upon, arising from, or in consequence of such Insured Person having gained any profit, remuneration or other advantage to which such Insured Person was not legally entitled, if a **final, non-appealable adjudication in any underlying proceeding or action** establishes the gaining of such a profit, remuneration or advantage.\(^{270}\)

Note that the specific reference to “underlying proceeding” is designed to require adjudication in the underlying case.\(^{271}\) These kinds of provisions are typically construed to require defense and indemnity in the absence of a final adjudication so that the insured is entitled to coverage in the event of a settlement where there has never been an actual adjudication of wrongdoing.\(^{272}\)

The final adjudication language can also be an important protection for policyholders in social engineering cases in which the employee is an unwitting vehicle for the loss, rather than a culpable accomplice.\(^{273}\) In a poignant example, the Ninth Circuit recently upheld an insurer’s denial of coverage under a company’s crime policy on the basis of an employee’s “involvement” in a social engineering scheme in which the fraudster convinced the employee that certain payments should be routed to a new bank account.\(^{274}\) By the time it was discovered that those payments had been rerouted improperly, more than $700,000 had been lost.\(^{275}\) Coverage was denied because the policy excluded coverage for losses resulting from the input of data

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271. See generally Dan A. Bailey, De/O Policy Commentary, in INSURANCE COVERAGE 2004: CLAIM TRENDS & LITIGATION, at 205, 215 (PLI Litig. & Admin. Practice, Course Handbook Ser. No. 702, 2004) [when a D&O policy requires “final adjudication” in the underlying action to trigger an exclusion, courts have held that the adjudication must occur in the underlying proceeding and not in a parallel coverage action].

272. See, e.g., Atl. Permanent Fed. Sav. & Loan Ass’n v. Am. Cas. Co. of Reading, Pa., 839 F.2d 212, 216–17 [4th Cir. 1988] [the exclusion does not apply unless there is a final judgment adverse to the officers and directors in the underlying suit].

273. See supra note 156.

274. Aqua Star (USA) Corp. v. Travelers Cas. & Sur. Co. of Am., 719 F. App’x 701, 702 (9th Cir. 2018).

275. Appellant’s Opening Br., Aqua Star (USA) Corp. v. Travelers Cas. & Sur. Co. of Am., No. 16-35614 [Dkt. 11], at 3–6 (9th Cir. Dec. 9, 2016).
by authorized employees and the employee who changed the deposit information was authorized to enter such data.\textsuperscript{276} The employee's unwitting involvement therefore defeated coverage. Final adjudication language may have prevented loss of coverage because the involvement of the authorized employee was innocent.

Another type of exclusion involving company employees seeks to preclude coverage for failure to consistently implement cyber risk controls.\textsuperscript{277} These kinds of exclusions need to be carefully vetted and limited to specific company policies and procedures to avoid subsequent differences as to what is a relevant procedure and what is not.

**[K] Coverage of a Threatened Security Breach**

Most insurance policies cover actual damages.\textsuperscript{278} The usual CGL policy, for example, covers bodily injury, property damage, and personal and advertising injury. Property damage policies typically cover direct physical damage.\textsuperscript{279} While some property damage policies also cover costs to avoid certain harm to physical property,\textsuperscript{280} that may not encompass a security breach, much less a threatened security breach or “ransomware attack.”\textsuperscript{281} Cyber policies or ransomware

\begin{itemize}
\item \textsuperscript{276} Aqua Star (USA) Corp. v. Travelers Cas. & Sur. Co. of Am., 719 F. App’x 701, 702 [9th Cir. 2018].
\item \textsuperscript{277} See, e.g., Complaint, Columbia Cas. Co. v. Cottage Health Sys., No. 15-cv-03432 [C.D. Cal. May 7, 2015] (excluding “[a]ny failure of an Insured to continuously implement the procedures and risk controls identified in the Insured’s application . . . and all related information submitted to the Insurer”).
\item \textsuperscript{280} Id. at *11.
\item \textsuperscript{281} A ransomware attack involves electronic files being held hostage until a ransom is paid. These attacks are becoming increasingly common. One attack in May 2017, called “WannaCry,” involved attacks on hundreds of thousands of companies, including National Health Service organizations in the United Kingdom. Alexander Smith, Saphora Smith, Nick Bailey & Petra Cahill, Why ‘WannaCry’ Malware Caused Chaos for National
\end{itemize}
endorsements typically deal with this risk explicitly by covering the cost to respond to a threatened cyber attack, including conducting a follow-up investigation. In some cases, business interruption losses may also be covered. It is important to review a cyber policy to


determine whether threats, as opposed to only actual damage, are covered. Coverage may also be sought for down-time or computer shut-down in response to a threatened breach. Policy language can also be considered to determine if the policy covers only threats to extort money or other kinds of threats as well.

[L] Coverage for “Breachless” Claims

In addition to actual and threatened breaches, companies are increasingly facing litigation alleging that the company or its products are merely susceptible to a data breach. For example, in a 2015 putative class action in California, plaintiff car owners sued several car manufacturers alleging that the hacking of the computers in their cars was an “imminent eventuality,” though there was no evidence their “vehicles [had] actually been hacked, or that they [were] aware of any vehicles that have been hacked outside of controlled environments.” Similarly, two putative class actions were brought in 2016—one against an implantable cardiac device manufacturer, in which patients alleged their devices could

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285. Complaint at 5–6, FTC v. D-Link Corp., No. 17-cv-00039 [N.D. Cal. Jan. 5, 2017] (alleging that manufacturer’s wireless routers and Internet cameras were susceptible to a breach despite there being no allegations of an actual cyber attack against the company’s products), dismissed, No. 17-cv-00039 [N.D. Cal. Aug. 6, 2019], ECF No. 276 [parties settled and agreed to a stipulated order for injunction]; Opinion at 17, In re LabMD, Inc., No. 9357 (FTC July 29, 2016) (holding that a showing of tangible injury was not necessary in order for company acts and practices to be considered unfair), www.ftc.gov/system/files/documents/cases/160729labmd-opinion.pdf, vacated sub nom. LabMD, Inc. v. Fed. Trade Comm'n, 894 F.3d 1221, 1231 [11th Cir. 2018] (holding unenforceable the FTC’s cease and desist order for LabMD to implement security measures, “assum[ing] arguendo that the Commission is correct and that LabMD’s negligent failure to design and maintain a reasonable data-security program invaded consumers’ right of privacy and thus constituted an unfair act or practice”).

286. Cahen, 147 F. Supp. 3d at 958–59 (dismissing complaint for lack of standing “given the lack of injury flowing from the asserted potential hacking issue”).
be hacked, and another against a law firm alleging that client data was at risk of being stolen due to the firm’s insufficient security measures. Notably, none of the plaintiffs in these cases alleged that a data breach had actually occurred.

Such “breachless” claims present difficult insurance issues. Some cyber policies require an actual breach to trigger coverage for third-party liability claims. While certain policies contain language that triggers first-party coverage (for example, for an investigation or notification costs) based on a “reasonably suspected” incident, the type of suits described above may not fall within the “reasonably suspected” language since those breachless claims only allege the danger of a breach, as opposed to one that is believed to have occurred.

[M] The “Internet of Things” and Potential Physical Damage or Bodily Injury from a Cyber Attack

With the ever-increasing “Internet of Things” (IoT) (everyday physical objects like cars, garage doors, and refrigerators that are connected to the Internet), the availability of devices prone to cyber


290.   See, e.g., CNA NetProtect 360, Form G-147051-A, § X, Privacy Injury (defining a “Privacy Injury” to include the “failure of Insured Entity to prevent unauthorized access to, unauthorized disclosure of, or unauthorized use of Confidential Commercial Information”).

291.   See, e.g., ALPS Cyber Risk and Security Breach Liability Insurance Policy, Form ALPS Cyber [06-13], § I.B (providing coverage for Privacy Breach Response Services if there is a cyber incident “or reasonably suspected incident”).

attacks continues to grow on a daily basis.\textsuperscript{293} One report projects there will be 64 billion devices connected to the Internet by 2025, up from 10 billion in 2018.\textsuperscript{294} The spectrum of IoT devices that are vulnerable to attack range from consumer goods\textsuperscript{295} to medical devices\textsuperscript{296} and include industrial, government, and commercial applications.\textsuperscript{297} A necessary consequence of this increasingly interconnected world is

\begin{quote}

concept that describes the idea of everyday physical objects being connected to the internet and being able to identify themselves to other devices."\textsuperscript{3}

\textsuperscript{293.} See, \textit{e.g.}, Cahen v. Toyota Motor Corp., 147 F. Supp. 3d 955 (N.D. Cal. 2015) [computers in automobiles alleged to be susceptible to hacking].


\textsuperscript{295.} See, \textit{e.g.}, Andy Greenberg, \textit{After Jeep Hack, Chrysler Recalls 1.4 M. Vehicles for Bug Fix}, WIRED [July 24, 2015], www.wired.com/2015/07/jeep-hack-chrysler-recalls-1-4m-vehicles-bug-fix/ [discussing how a hacker could take over the steering, transmission, or brakes of an Internet-accessible car]. \textit{See also} Complaint at 5, FTC v. D-Link Corp., No. 17-cv-00039 [N.D. Cal. Jan. 5, 2017] [alleging that an Internet camera and wireless router manufacturer failed to take adequate security measures to protect its devices], dismissed, No. 17-cv-00039 [N.D. Cal. Aug. 6, 2019], ECF No. 276 [parties settled and agreed to a stipulated order for injunction]. In the FTC’s first children’s privacy and security case, VTech Electronics settled a claim by the FTC alleging that the toymaker’s Internet-connected products collected personal information about children without providing notice and obtaining parental consent, and thereafter failed to adequately protect the information it collected. United States v. VTech Elecs., Ltd., No. 1:18-cv-00114 (N.D. Ill. Jan. 8, 2018). \textit{See also supra note} 197.


\textsuperscript{297.} \textit{See, e.g.}, \textbf{LLOYD’S EMERGING RISK REPORT 2015, BUSINESS BLACKOUT: THE INSURANCE IMPLICATIONS OF A CYBER ATTACK ON THE US POWER GRID} [2015], www.lloyds.com/~/media/files/news-and-insight/risk-insight/2015/business-blackout/business-blackout20150708.pdf [describing the severe implications of a hypothetical attack on a “smart” power grid, resulting in a widespread blackout across the Northeast, leaving millions without power and shutting down phone systems, Internet, television, traffic signals, factories and commercial activity for several days]; \textit{see also} Business Blackout, LLOYD’S [July 6, 2015], www.lloyds.com/news-and-insight/risk-insight/library/society-and-security/business-blackout; \textbf{WHAT EVERY CISO NEEDS TO KNOW ABOUT CYBER INSURANCE}, at 2 [Symantec White Paper 2015] (“Experts are telling us we could experience a massive cyber terrorist event that could cause major market disruptions, and even physical damage to property and critical

16–72
a growing threat of physical damage caused by cyber attack. A hacker attack on a manufacturer's operating system could cause a severe breakdown in equipment. While few such incidents have been widely reported, they are no longer restricted to science fiction or the movies. For example, as motor vehicles become increasingly reliant on technology and, indeed, become driverless, the opportunities for hackers to cause a car to act erratically and cause physical damage or bodily injury also increases. Increasing interconnectedness further exacerbates the risk.

This growing threat of physical damage may be difficult to insure. On one hand, traditional coverages increasingly include cyber-related exclusions, like the 2004 ISO endorsement excluding “[d]amages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.” On the other hand, cyber policies often exclude third-party liability coverage for bodily injury and property.

In order to deal with these risks, some cyber insurers now offer enhanced coverage to include coverage for the physical loss or

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298. See, e.g., Lucy L. Thomson, Cyber Physical Risk, 2016 ABA Litig. Sec. Ins. Coverage Litig. Committee 7–12 (discussing attacks ranging from the disabling of a computer system designed to detect pipeline leaks (which caused a major oil spill and loss of life) to a hacking incident causing four trains to derail).


300. See, e.g., Jeff Woodward, The 2004 ISO CGL Policy, INT’L RISK MGMT. INST. [Apr. 2004], www.irmi.com/articles/expert-commentary/the-2004-iso-cgl-policy; see also Institute Cyber Attack Exclusion Clause [CL 380] [Oct. 11, 2003] (“in no case shall this insurance cover loss, damage, liability, or expense directly caused by or contributed to by or arising from the use or operation, as a means for inflicting harm, of any computer, computer system, computer software programme, malicious code, computer virus or process or any electronic system”); see supra note 50 and accompanying text.

301. See, e.g., AIG, Specialty Risk Protector, CyberEdge Security and Privacy Liability Insurance, Security and Privacy Coverage Section, § 3(d) [Dec. 2013], www.aig.com/content/dam/aig/americas-canada/us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (“This policy shall not cover Loss in connection with a Claim made against an Insured . . . alleging, arising out of, based upon or attributable to any Bodily Injury or Property Damage.”).
third-party property damage or bodily injury that arise from a cyber attack.\textsuperscript{302}

One option for filling this potential gap in coverage may be cyber difference-in-conditions [DIC] coverage, which is now offered by several insurers and generally provides coverage for perils excluded under other policies.\textsuperscript{303} Another option is a carefully crafted technology errors and omissions policy, which would provide coverage in the event an insured’s IoT-enabled component is hacked and causes damage to a customer’s larger product or system, or, worse, to a consumer.\textsuperscript{304}

Policyholders and insurers should work closely with information technology professionals, brokers, risk managers, and attorneys to review their existing scope of coverages and the potential need for insurance for cyber-related physical damage or bodily injury.

\textbf{[N] Governmental Activity Exclusion}

Cyber policies should also be considered for provisions limiting coverage for government-sponsored activities. Traditional policies often limit coverage for war and acts of terrorism and, even where they cover terrorist activity by individuals or political groups, policies may exclude coverage for acts of government or government-sponsored organizations.\textsuperscript{305} This may be particularly problematic in the cyber context where cyberspace has been deemed a warfare

\begin{itemize}
  \item 305. In one recent case, the insured filed suit seeking coverage under its first-party property insurance for damage to its servers and laptops caused by the “NotPetya” malware attack, for which the insurer allegedly denied coverage under the policy’s exclusion for governmental, hostile or warlike action. Complaint, Mondelez Int’l, Inc. v. Zurich Am. Ins. Co., No. 2018L011008, 2018 WL 4941760 [Ill. Cir. Ct. Oct. 10, 2018].
\end{itemize}
“domain” by the U.S. government.306 Numerous reports have discussed the allegations of government-sponsored hacking by China, North Korea, Russia, Iran, and other countries into U.S. government agencies and major corporations,307 and of Russian hackers’ influence over the 2016 presidential election.308 One report identified as many as 141 distinct entities or organizations that had breaches of cybersecurity at the hands of the Chinese army in the prior seven years.309 The Office of the Secretary of Defense publicly accused the


Chinese government of conducting cyber espionage,\textsuperscript{310} and the U.S. Department of Justice indicted five Chinese military officers, alleging they hacked U.S. companies’ computers to steal trade secrets.\textsuperscript{311} The complexities posed by these circumstances are illustrated by the decision of the U.S. Court of Appeals for the Ninth Circuit in \textit{Universal Cable Productions, LLC v. Atlantic Specialty Insurance Co.}\textsuperscript{312} In that case, Universal concluded that it could no longer guarantee the safety of the Jerusalem production set for its television series \textit{Dig} after “Hamas fired rockets from Gaza into Israel” and engaged in a number of other “hostilities.”\textsuperscript{313} When Universal sought coverage for the significant expenses it incurred in moving the set out of Jerusalem, the insurer, Atlantic Specialty, denied coverage.\textsuperscript{314} While Atlantic Specialty recognized that the imminent threat of injury triggered coverage under its television production insurance policy, and that its policy covered “terrorism,” it took the position that coverage was excluded under exclusions for:

1. \textit{War}, including undeclared or civil war; or
2. \textit{Warlike action} by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents.\textsuperscript{315}

\begin{itemize}
\item \textsuperscript{312} Universal Cable Prods., LLC v. Atl. Specialty Ins. Co., 929 F.3d 1143 [9th Cir. 2019], \textit{reh’g and reh’g en banc denied} [Sept. 4, 2019].
\item \textsuperscript{313} \textit{Id.} at 1147, 1150.
\item \textsuperscript{314} \textit{Id.} at 1147–48.
\item \textsuperscript{315} \textit{Id.} at 1149 (emphasis in original). Atlantic Specialty also denied coverage under a third exclusion: “3. Insurrection, rebellion, revolution, usurped power, or action taken by the governmental authority in hindering or defending against any of these. Such loss or damage is excluded regardless of any other cause or event contributed concurrently or in any sequence to the loss.” \textit{Id.} However, the court determined that exclusion presented factual issues which it remanded for consideration by the district court. \textit{Id.} at 1161–62. The court did not apply the doctrine of contra preferendum, which typically requires any ambiguity in an exclusion to be construed against the insurer, particularly where it drafted the policy, both because of the asserted sophistication of Universal and the insurer
\end{itemize}
Applying a provision of the California Insurance Code that required adherence to terms with technical or trade usage meanings, the court concluded that “war” and “warlike action” had special meanings in the insurance context, of which the parties were presumed aware, and required the action of a “de facto or de jure sovereign.” After a careful analysis of the role of Hamas in the Middle East, the court concluded that Hamas did not satisfy this requirement and that the two exclusions at issue did not apply.

While not all jurisdictions have a legislated counterpart to the statutory provision at issue in the Universal Cable case, many have case law giving weight to industry usage. Regardless of whether that is the case, Universal Cable illustrates the complex factual issues about the nature of a particular hacker which may arise where war or terrorism exclusions are asserted in response to a cyber attack, as well as the importance of careful legal review and analysis when war and terrorism exclusions are being negotiated into a cyber policy.

[O] Other Exclusions

Cyber policies often contain important exclusions that substantially narrow coverage. For example, some cyber policies exclude damage to computers and related business interruption on the theory that these risks should be covered by a more traditional property policy, at least when due to natural causes. Cyber policies may also exclude and the involvement of both the insurer and the policyholder, through its broker, in preparing the policy. Universal Cable, 929 F.3d at 1152–53.

316. Id. at 1153 (quoting CAL. CIV. CODE § 1644: terms in an insurance policy are to be “understood in their ordinary and popular sense, rather than according to their strict legal meaning; unless used by the parties in a technical sense, or unless a special meaning is given to them by usage, in which case the latter must be followed.”).


318. Universal Cable, 929 F.3d at 1147–48.

319. Id. at 1155–61.


securities claims, but a cyber breach involving confidential financial information may be among a company’s most important securities risks. Employment claims are also excluded under certain cyber policies, though the disclosure of confidential information about employees is an important risk for many companies. Insurers may also argue that antitrust exclusions are implicated where information is stolen or disclosed for anticompetitive purposes. In addition, cyber policies often contain a fraud exclusion, though many cyber attacks include at least some element of fraudulent misconduct.

Another important exclusion may concern business interruption. Some policies specifically exclude business interruption due to a cyber breach. Others specifically provide that coverage. An insured should evaluate the potential impact of cyber losses on its ability to conduct business and determine whether business interruption for this kind of loss is necessary or appropriate.


324. See, e.g., First Bank of Del., Inc. v. Fid. & Deposit Co. of Md., No. N11C-08-221 MMJ CCLD, 2013 WL 5858794, at *9 (Del. Sup. Ct. Oct. 30, 2013) (finding insurance for a data breach under D&O policy’s “electronic risk liability” coverage, which covered “any unauthorized use of, or unauthorized access to electronic data or software with a computer system,” reasoning that every unauthorized use or access would almost necessarily involve fraud and thus a fraud exclusion would render coverage illusory); G&G Oil Co. of Ind. v. Cont’l W. Ins. Co., 145 N.E.3d 842, 847 (Ind. Ct. App. 2020), reh’g denied (June 4, 2020) (ransomware attack did not involve “fraud” under crime policy because there was no deception in “hijacking” the insured’s computer system).

325. See, e.g., Travelers Cyber Risk Form CYB-3001, § 1.J (2010) (“The Company will pay the Insured Organization for Business Interruption Loss incurred by the Insured Organization which is directly caused by a Computer System Disruption taking place during the Policy Period.”); Complaint, Moses Afonso Ryan Ltd. v. Sentinel Ins. Co., No. 1:17-CV-00157 (D.R.I. Apr. 21, 2017) (a small law firm was extorted of $25,000 by a ransomware attack and suffered a multiple-month business interruption resulting in more than $700,000 in damages, and was denied coverage under its property policy); Stipulation of Dismissal with Prejudice Ordered, Moses Afonso Ryan Ltd. v. Sentinel Ins. Co., No. 1:17-CV-00157 (D.R.I. May 1, 2018), ECF No. 16.
Exclusions barring coverage for liability assumed under contract or agreement are also increasingly important in the cyber context.\textsuperscript{326} The potential role of the contract exclusion is illustrated by the decision denying P.F. Chang's claim for coverage under a Chubb Cybersecurity policy.\textsuperscript{327} The case involved a data breach in which over 60,000 of the restaurant chain's customers' credit card numbers were allegedly compromised.\textsuperscript{328} The insurer reimbursed its insured for certain costs incurred in conducting a forensic investigation into the data breach and the costs of defending litigation filed by third parties whose credit card information was stolen—costs commonly covered under cyber policies. Chubb, however, denied coverage for amounts the insured owed to its credit card servicer under their master service agreement (MSA), which included:

\begin{itemize}
\item[(1)] reimbursement of fraudulent charges on the stolen credit cards;
\item[(2)] the costs to notify cardholders affected by the breach and to reissue new cards to those individuals; and
\item[(3)] a flat fee relating to P.F. Chang's compliance with Payment Card Industry Data Security Standards [PCI DSS].\textsuperscript{329}
\end{itemize}

In addition to holding that the fees to the credit card servicer did not trigger coverage under the policy's definition of a "Privacy Injury,"\textsuperscript{330} the court held that coverage was barred under two exclusions


\textsuperscript{328} Id. at *1–2.

\textsuperscript{329} Id.

\textsuperscript{330} Id. at *4–5. The court held that there was no "Privacy Injury," because that term was defined to “injury sustained or allegedly sustained by a Person because of actual or potential unauthorized access to such Person’s Record, or exceeding access to such Person’s Record.” Id. at *4. Since the lost credit card information belonged to the customers’ themselves—not the credit card servicer that brought suit against P.F. Chang’s—the court concluded there was no injury sustained by a Person because of unauthorized to “such Person’s record.” Id.
precluding coverage for contractual obligations assumed by the insured. In support of its decision, the court cited the MSA between the insured and its credit card servicer, which required the insured to reimburse the servicer for the fees the servicer incurred (for example, reimbursement of fraudulent charges, notification costs). Other courts have reached similar conclusions.

Credit card arrangements are often covered by specific provisions in cyber policies. Insureds that process credit card transactions as a part of their business should give particular attention to these provisions and should consider cyber policies that explicitly include this coverage. In addition, any contractual liability exclusion, like that involved in the P.F. Chang’s case, should be reviewed to determine whether it applies to PCI-DSS assessments levied pursuant to an MSA or other agreement.

Some policies also contain exclusions that preclude coverage if the policyholder fails to continuously maintain risk controls identified

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331. Id. at *7–8.
332. Id. at *8.
334. See, e.g., AIG, Specialty Risk Protector, CyberEdge Security and Privacy Liability Insurance, Security and Privacy Coverage Section, § 2[h], 3[j] |2013| defining “loss” to include “amounts payable in connection with a PCI-DSS Assessment,” which is in turn defined as “any written demand received by an Insured from a Payment Card Association . . . or bank processing payment card transactions . . . for a monetary assessment [including a contractual fine or penalty] in connection with an Insured’s non-compliance with PCI Data Security Standards which resulted in a Security Failure or Privacy Event|], www.aig.com/content/dam/aig/america-canada/us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf.
335. See, e.g., AIG, Specialty Risk Protector, CyberEdge Security and Privacy Liability Insurance, Security and Privacy Coverage Section, § 3[j][9] |2013|, www.aig.com/content/dam/aig/america-canada/us/documents/business/cyber/cyberedge-wording-sample-specimen-form.pdf (excluding “amounts an Insured agrees to pay pursuant to a contract, including without limitation, liquidated damages, setoffs or penalties; provided, however, this exclusion shall not apply to any PCI-DSS Assessment|”) |emphasis added|.
in its application for insurance.\footnote{Minute Order, Cottage Health v. Columbia Cas. Co., No. 16CV02310 [Sup. Ct. Cal. Santa Barbara Cty. Oct. 13, 2017] [noting that dispute stems, in part, from policyholders’ alleged failure to “continuously implement the risk controls it identified in its policy application”].} Such provisions need to be carefully reviewed by insurance and technical personnel at insurers and policyholders when the policy is negotiated and subsequently by the policyholder to ensure continuing compliance.

\section*{§ 16:3.3 SEC Disclosure and Other Regulatory Initiatives}

The importance of insurance for cyber risks, and an understanding of such insurance, is underscored by SEC guidance, which requires publicly traded companies to disclose, among other things:

\begin{itemize}
  \item risk factors relating to a potential cyber incident, including known or threatened attacks;
  \item costs and other consequences associated with known cyber incidents or risks of potential incidents;
  \item material legal proceedings involving cyber incidents; and
\end{itemize}

These requirements emphasize the need for cyber insurance and a clear understanding of what such policies cover, as failure to make disclosures could potentially subject registrants to SEC enforcement action and shareholder suits.\footnote{See supra section 16:2.3[A].} Additional SEC guidance expands on the types of insurance-related disclosures that should be made.\footnote{Commission Statement and Guidance on Public Company Cybersecurity Disclosures, U.S. Sec. & Exch. Comm’n (Feb. 21, 2018), www.sec.gov/rules/interp/2018/33-10459.pdf.}

Union have been extremely active in dealing with cybersecurity and privacy issues. These kinds of efforts and subsequent regulatory involvement will continue to raise issues with

Department of Financial Regulation filed charges against First American Title Insurance Company for allegedly violating the state’s Cybersecurity Requirements for Financial Services Companies by failing to properly test and remedy a website vulnerability that allowed unprotected access to tens of millions of records containing consumers’ sensitive data.

341. Regulation [EU] 2016/679 of the European Parliament and the Council of 27 April 2016 on the Protection of Natural Persons with Regard to the Processing of Personal Data and on the Free Movement of Such Data (GDPR), and Repealing Directive 95/46/EC (General Data Protection Regulation), 2016 O.J. L 119/1 [GDPR became effective on May 25, 2018, and deals with processing the personally identifiable information of individuals residing in the European Union, regardless of where a company is located].


respect to insurance coverage for resultant compliance and investigatory costs, as well as private civil liability. For example, California recently enacted the California Consumer Privacy Act (CCPA), which gives individuals more control over how their personal information is handled or shared, and Illinois, Texas, and Washington state have implemented laws regulating biometric data, with the Illinois statute including a private right of action.

344. See Cal. Civ. Code § 1798.100–1798.199. The CCPA was passed in June 2018 and went into effect January 1, 2020. The statute is designed to establish broad privacy rights for consumers including the rights to know what data is being collected, how that data is being used, whether the data is being sold or distributed, and to request that personal information be deleted by businesses. Id. Along with these rights, the CCPA also grants a limited private right of action when “nonencrypted and nonredacted personal information” is “subject to an unauthorized access and exfiltration, theft, or disclosure as a result of the business’s violation of the duty to implement and maintain reasonable security procedures.” Id. § 1798.150[a] (as amended by Assembly Bill 1355 [effective Oct. 11, 2019]).
