

## Notice of Cybersecurity Event

In accordance with Section 12 of the Michigan Identity Theft Protection Act, MCL 445.72, and pursuant to MCL 487.2062(1), MCL 445.1671(3), MCL 492.110(c), MCL 493.10(2), MCL 493.56a(13), and MCL 493.163(3) all licensees and registrants ("licensee") under the Consumer Financial Services Act; Mortgage Brokers, Lenders, and Servicers Licensing Act; Motor Vehicle Sales Finance Act; Regulatory Loan Act; the Secondary Mortgage Loan Act; and Mortgage Loan Originator Licensing Act are required to file this notice with DIFS as promptly as possible after suspecting and/or determining a cybersecurity event occurred involving nonpublic information.

Note: This form and attachments should be submitted as a single PDF document and sent to email address: [DIFS-FIN-INFO@michigan.gov](mailto:DIFS-FIN-INFO@michigan.gov).

<input type="checkbox"/> Initial Report of Cybersecurity Event	<input type="checkbox"/> Subsequent Report Updating or Supplementing Initial Report of Cybersecurity Event
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### Section 1 – Information

Licensee Name:		Michigan License Number / NMLS Unique ID:	
Submitter's First Name:		Submitter's Middle Initial:	Submitter's Last Name:
Address:			
Suite/Apartment/Building:			
City:	State:	Zip Code:	
Telephone:		Fax:	
Email Address:			

### Section 2 – Cybersecurity Event Dates

Estimated Occurrence:	Estimated End:	Date Discovered:
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### Section 3 – Event Type (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Data theft by employee or contractor | <input type="checkbox"/> Hacker or unauthorized access           | <input type="checkbox"/> Lost during move |
| <input type="checkbox"/> Phishing                             | <input type="checkbox"/> Improperly released, exposed, displayed | <input type="checkbox"/> Stolen laptop(s) |
| <input type="checkbox"/> Computer and equipment               | <input type="checkbox"/> Improperly disposed                     | <input type="checkbox"/> Other: _____     |



**Michigan Department of Insurance and Financial Services**

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**Section 4 – Circumstances Surrounding the Cybersecurity Event**

Did the cybersecurity event occur within the information or systems maintained by the Licensee or within the information or systems maintained by a third-party service provider? (Check the applicable box.)

<input type="checkbox"/> Licensee's information or systems
<input type="checkbox"/> Third-party service provider's information or systems
Name:
Address:
Description:
Specific Roles and Responsibilities:

How was the information exposed, lost, stolen, or breached?

How was the cybersecurity event discovered?

What is the identity of the source of the cybersecurity event?

**Section 5 – Specific Type(s) of Information**

Check the specific type(s) of information that were acquired without authorization.

Identifying Information:	Health Information:	Financial Information:
<input type="checkbox"/> Name	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Bank Account Information
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Lab Results	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Address	<input type="checkbox"/> Medications	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Treatment Information	<input type="checkbox"/> Other:
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Physician's Notes	
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Other:	
<input type="checkbox"/> Passport		
<input type="checkbox"/> Other:		

If the specific type(s) of information acquired without authorization is not listed above, provide a description.

Was the electronic information involved in the cybersecurity event protected in some manner?

Yes
  No
  Only non-electronic information was involved

### Section 6 – Number of Consumers Affected by the Cybersecurity Event

Provide the total number of consumers affected by the cybersecurity event whose nonpublic information is in the licensee's possession, custody, or control.

Best Estimate:
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### Section 7 – Law Enforcement

Has a police report been filed? If so, provide the date of the report. (Note: A copy of the report is requested.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Name of Agency:	

Has a regulatory, government, or law enforcement agency been notified? If so, provide the date of the notice.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Report:	
Name of Agency:	

### Section 8 – Licensee Response

Has any lost, stolen, or breached information been recovered, and if so, how was the information recovered?

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If an Internal Review identified a lapse in either automated controls or internal procedures or confirmed that all automated controls and internal procedures were followed, provide a description of the results.

- Identified lapse in automated controls or internal procedures       Confirmed automated controls and internal procedures were followed       No Internal Review has yet been completed

Results:
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Describe the efforts undertaken to remediate the situation that permitted the cybersecurity event to occur.

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Provide a statement outlining the steps that will be taken to investigate and notify consumers of the cybersecurity event.

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Is notice to impacted consumers and/or entities required under state or federal law?

- Yes       No       Unknown at this time



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Intended date of future notice if not yet provided:
Date of notice if provided:
(Note: Copy of notice sent or draft will be required below.)

**Section 9 – Contact Information of Individual Familiar with the Cybersecurity Event and Authorized to Act on Behalf of the Licensee**

- The authorized individual is identified in Section 1 and his or her contact information is the same as provided in Section 1.
- The authorized individual is not identified in Section 1 or his or her contact information is different than as provided in Section 1. If this box is checked, provide the below contact information.

First Name:	Middle Initial:	Last Name:
Address:		
Suite/Apartment/Building:		
City:	State:	Zip Code:
Telephone:	Fax:	
Email Address:		
Title/Position:		
Additional Information/Comments:		



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## Section 10 – Submission and Attachments

This form and attachments should be submitted as a single PDF document and sent to email address: [DIFS-FIN-INFO@michigan.gov](mailto:DIFS-FIN-INFO@michigan.gov).

### Mandatory attachments:

1. A copy of the licensee's privacy policy.
2. A copy of any notice or notices sent to consumers.
3. Any documents that are necessary to adequately respond to the questions in this form.

Licensees are encouraged to provide any additional information or documentation that may be relevant to the cybersecurity event, including, but not limited to, the following:

1. A copy of a police report or notice sent to a regulatory, government, or law enforcement agency.
2. A copy of an Internal Review Report that either identified a lapse in automated controls or internal procedures or confirmed that all automated controls and internal procedures were followed.
3. Any additional relevant correspondence or information.

## Section 11 – Attestation

I attest to the best of my knowledge that the information submitted on or attached to this form is true, correct, and completed to the best of my information and belief. By submitting this form, I am acknowledging that I am authorized to submit this form on behalf of the Licensee.

\_\_\_\_\_  
Signature of Licensee authorized representative

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Authorized representative's name and title (print or type)



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