

CHARTIS SPECIALTY INSURANCE COMPANY

(a capital stock company, herein called the Insurer, we, us or our)

175 Water St., New York, NY 10038

NOTICE: THIS INSURER IS NOT LICENSED IN THE STATE OF NEW YORK
AND IS NOT SUBJECT TO ITS SUPERVISION

**NOTICE: THE LIMITS OF INSURANCE AVAILABLE TO PAY LOSS UNDER
COVERAGE A. SHALL BE REDUCED BY AMOUNTS INCURRED FOR
LEGAL COSTS UNDER COVERAGE A.**

**PERSONAL INTERNET AND IDENTITY COVERAGE
POLICY EXTENSION CERTIFICATE**

Occurrence Trigger

Policy Number: 7077868

POLICY EXTENSION DECLARATIONS

This Policy Extension Certificate amends the policy no. 7077868 ("Policy") for the Master Policy Period indicated below and grants, except as may be indicated otherwise, a new Limit of Liability. These Policy Extension Declarations shall replace the Declarations Page of the Policy for the extended Master Policy Period. The terms, conditions and exclusions of the Expiring Policy (as in effect on the last day of the Master Policy's Period), except as otherwise indicated below or in any endorsements attached hereto, shall apply to the extended Master Policy Period.

ATTACH THIS CERTIFICATE TO YOUR EXPIRING POLICY.

- 1. Master Policy Holder: ConsumerInfo.com, Inc.**
- 2. Address: 535 Anton Blvd
Costa Mesa, CA 92626**
- 3. Insured: See Membership Endorsement**
- 4. Master Policy Period: 10/1/2013 12:01 A.M. to 10/1/2014 12:01 A.M., Eastern
Standard Time**
- 5. Premium Rate: See attached Premium Endorsement**
- 6. Deductible: \$0**
- 7. Quarterly Minimum premium: N/A**

8. Deposit premium (non-refundable): N/A

9. Aggregate Limit of Insurance for each insured:

\$1,000,000 Aggregate Limit

Lost Wages: \$1000 per week; 4 maximum weeks

10. Additional Endorsements attached to this Policy Extension Certificate:

Premium Rate Endorsement #16

11. ADDITIONAL PROVISIONS

This Policy Extension Certificate is issued in reliance upon the statements made and materials furnished to the Company by the Master Policyholder in connection with all Personal Internet And Identity Coverage applications or requests furnished to the Company including prior insurance applications or requests.

09/25/2013

Date



Authorized Representative

CHARTIS SPECIALTY INSURANCE COMPANY

PERSONAL INTERNET AND IDENTITY COVERAGE

Please read the entire **policy** to determine **your** rights, duties and what is and what is not covered.

Words and phrases that appear in boldface are defined in the Definitions Section.

In consideration of the premium paid and in reliance upon **master policyholder's** Application and **master policyholder's** statements to **us**, which are considered to be part of this **policy**, we agree to provide to **you** the insurance described in this **policy**.

I. COVERAGES

A. Stolen Identity Event

Insuring Agreement

We shall pay Costs and Legal Costs, as set forth in Paragraphs A.1. and A.2. below, up to the applicable Limits of Insurance, resulting directly from a **stolen identity event** first discovered during the **policy period** and reported to the **master policyholder** within ninety (90) days of discovering the **stolen identity event**.

1. Costs

- a. Costs incurred by **you** for re-filing applications for loans, grants, other credit or debt instruments that are rejected solely because the lender received from any source incorrect information as a result of a **stolen identity event**;
- b. Costs for notarizing affidavits or other similar documents, long distance telephone calls, and postage reasonably incurred as a result of **your** efforts to report a **stolen identity event** or amend or rectify records as to **your** true name or identity as a result of a **stolen identity event**;
- c. Costs incurred by **you** for a maximum of six (6) credit reports from an entity approved by **us**. The first credit report may not be requested until after the discovery of a **stolen identity event**;
- d. Actual lost wages that would have been earned in the United States, its territories or possessions, whether partial or whole days, for time reasonably and necessarily taken off work and away from **your** work premises solely as a result of **your** efforts to amend or rectify records as to **your** true name or identity as a result of a **stolen identity event**. Actual lost wages includes remuneration for vacation days, discretionary days, floating holidays, and paid personal days.

Lost wage reimbursement excludes business interruption or future earnings of a self-employed professional. Computation of lost wages for self-employed professionals must be supported by and will be based on prior year tax returns.

CHARTIS SPECIALTY INSURANCE COMPANY

Coverage is limited to wages lost within twelve (12) months after **your** discovery of a **stolen identity event**.

- e. Costs associated with the use of any investigative agencies or private investigators to amend or rectify records as to **your** true name or identity as a result of a **stolen identity event**. We reserve the right to select such investigative agency or private investigator; however, with our express prior written consent, you may select such investigative agency or private investigator.

2. Legal Costs

Costs for reasonable fees for an attorney appointed by us and related court fees, incurred by **you** with **our** consent, for:

- a. Any legal action brought against **you** by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of a **stolen identity event**; and
- b. Removing any civil judgment wrongfully entered against **you** as a result of a **stolen identity event**.
- c. Criminal defense for charges brought against **you** as a result of a **stolen identity event**. However, we will only pay for this after it has been established by acquittal or dropping of charges because **you** were not in fact the perpetrator.

B. Unauthorized Electronic Fund Transfer Reimbursement Coverage

Insuring Agreement

We shall reimburse **you** for **stolen funds loss** resulting from **unauthorized electronic fund transfers** first occurring during the **policy period** and reported to the **master policyholder** within ninety (90) days of discovering the **unauthorized electronic fund transfer**.

II. DUTIES IN THE EVENT OF FRAUD GUARD EVENT OR LOSS

- A. In the event of a **fraud guard event** or **loss** you shall:
 - 1. Notify the police if a law may have been broken;
 - 2. Provide **us** with a police report or a report that was submitted to the appropriate civil authorities;

CHARTIS SPECIALTY INSURANCE COMPANY

3. Give the **master policyholder** prompt notice of the **loss**;
 4. Take action to avoid future **loss**, including securing **your** premises, safeguarding **your** assets and ending **your** business relationship with any one responsible for a **fraud guard event**.
 5. Upon **our** request give **us** a description of how, when, and where the **loss** occurred and a description of the **loss**;
 6. If requested, permit **us** to question **you** and other members of **your** household under oath at such times as may be reasonably required about any matter relating to this insurance or **your** claim, including inspection of **your** books and records. In such event, **your** statement containing **your** answers shall be signed;
 7. Send **us** a signed, sworn proof of **loss** or affidavit containing the information **we** request to investigate the claim. **You** shall do this within sixty (60) days after **our** request. **We** shall supply **you** with the necessary forms;
 8. In the event of a credit card **loss**, in addition to all of the above, **you** shall notify the credit card service company or the issuing bank as soon as possible;
 9. **You** shall cooperate with **us** in investigating, evaluating and settling a claim and help **us**:
 - a. Enforce any legal rights **you** or **we** may have against anyone who may be liable to **you**;
 - b. Attend depositions, hearings and trials; and
 - c. Secure and give evidence, and obtain the attendance of witnesses; and
 10. **We** reserve the right to request any other reasonable document or action of **you**.
- B. With respect to Insuring Agreement A, if a **stolen identity event** occurs, **you** shall promptly, but no later than ninety (90) days after first discovery by **you** of the **stolen identity event**, notify the **master policyholder** of the **stolen identity event** by calling the telephone number provided in **your** membership material provided to **you** by the **master policyholder**, or contacting the **master policyholder** at Corporate Counsel, ConsumerInfo.com, Inc. 18500 Von Karman, Suite 400, Irvine, CA 92612. **You** shall also follow the **master policyholder's** instructions to mitigate potential **loss**, which will be provided to **you** by their Fraud Resolution Unit and which will include the prompt notification of the major credit bureaus, the Federal Trade Commission's Identity Theft Hotline and appropriate law enforcement agencies.
- C. With respect to Insuring Agreement B, if a **stolen funds loss** occurs, **you** shall:

CHARTIS SPECIALTY INSURANCE COMPANY

1. take all reasonable steps to prevent further **stolen funds loss** after suffering an **unauthorized electronic fund transfer**, including, but not limited to, promptly contacting the **financial institution** which issued the **access device** and holds the **account**;
2. take all reasonable steps to obtain reimbursement for the **stolen funds loss** from the **financial institution** which issued the **access device** and holds the **account**;
3. promptly, but no later than ninety (90) days after first discovery by you of an **unauthorized electronic fund transfer**, give notice to the **master policyholder** of the **stolen funds loss** and detailed information regarding the **stolen funds loss**, including without limitation, the type, dates, and amount of **stolen funds loss**; the **master policyholder** will provide your contact information to us so that we may supply you with the necessary claim forms.
4. send us at our request, a signed, sworn proof of **stolen funds loss**, or affidavit containing the information we request to investigate the **stolen funds loss**. You shall do this within sixty (60) days after our request. We shall supply you with the necessary forms;
5. provide us with complete description of efforts to obtain reimbursement from the **financial institution** that issued the **access device** and holds the **account** and stated reasons why full or partial reimbursement was not provided;
6. provide any other reasonable information or documentation that we may request.

III. EXCLUSIONS

A. Intentional Loss

We do not cover any **loss** for any act committed at your direction or with your knowledge.

B. Dishonest Acts

We do not cover any **loss** arising out of any dishonest or criminal act by you.

C. Confiscation

We do not cover any **loss** caused by the confiscation, destruction, or seizure of property by any government or public entity or their authorized representative.

D. Business Or Professional Services

We do not cover any **loss** arising out of a **business** or professional service engaged in by you, including **loss** connected to accounts used for business purposes.

E. Late

Reporting

We do not cover any **loss** reported to the **master policyholder** more than ninety (90)

CHARTIS SPECIALTY INSURANCE COMPANY

days after the discovery of a **stolen identity event** or an **unauthorized electronic fund transfer**.

F. Property Damage, Bodily Injury, or Personal Injury.

We do not cover any **bodily injury, property damage, or personal injury**.

G. Voluntary Disclosure

We do not cover any **loss** resulting from the voluntary disclosure of any code or other security information which can be used to gain access to **your account** using an **access device** to someone who subsequently contributes to the **unauthorized electronic fund transfer**. This does not include disclosure of any code or other security information which can be used to gain access to **your account** using an **access device** that occurred when **you** were under duress or when **you** were a victim of fraud.

H. Family Member

We do not cover any **unauthorized electronic fund transfer** of which an **immediate family member** participated in, directed or had prior knowledge.

IV. POLICY CONDITIONS

A. Policy Territory

Subject to its terms, conditions and exclusions, this **policy** applies to a **stolen identity event** or a **unauthorized electronic fund transfer** occurring anywhere in the world, but we shall only pay for **loss** incurred in the United States, its territories or possessions.

B. Policy Period

The **policy period** commences on the effective date shown in the Declarations. This **policy period** ends on the earlier of the expiration date or the date of cancellation of this **policy**.

C. Legal Action Against Us

No one may bring a legal action against **us** under this **policy** unless:

1. There has been full compliance with all of the terms of this **policy**; and
2. The action is brought within two (2) years after the date of the **fraud guard event**.

D. Concealment, Misrepresentation, Or Fraud

Any relevant provision(s) of this **policy** shall be void if **you** or **your representative**, who is not subject to a claim, at any time, intentionally conceals or misrepresents a material fact concerning:

1. This **policy**;
2. A **fraud guard event**; or
3. A claim under this **policy**.

CHARTIS SPECIALTY INSURANCE COMPANY

E. Conformance To Statute

Any terms of this **policy** which are in conflict with the applicable statutes of the state in which this **policy** is issued, are amended to conform to the minimum standards of that statute.

F. Bankruptcy

Your or your estate's bankruptcy or insolvency shall not relieve **us** of any obligation under this **policy**.

G. Titles Of Paragraphs

Titles of paragraphs are inserted solely for convenience of reference and shall not be deemed to limit, expand or otherwise affect the provisions to which they relate.

H. Assignment

1. This **policy** and any rights provided by this **policy** are not assignable without our written consent.
2. If you die, or are declared legally incompetent, your rights and duties shall be transferred to your legal representative, but only while acting within the scope of their duties.

I. Changes

No changes shall be made to the provisions of this **policy** without our written consent. This **policy's** provisions may be amended or waived only by endorsement issued by **us** and made a part of this **policy**.

J. Transfers Of Rights Of Recovery Against Others To Us

If we make payment under this **policy** to you, and we have the right to recover losses from another, your rights are transferred to **us** to the extent of our payment. You shall do everything necessary to secure our rights and shall do nothing after loss to impair them.

K. Other Insurance

If you have other valid and collectible insurance, this **policy** shall be excess over such other insurance unless such other insurance was specifically issued as excess over this **policy**.

L. Duplicate Coverages

Should you be enrolled in more than one **membership program** insured by **us** or any of our affiliates, we will reimburse you under each **membership program** subject to the applicable deductibles and limits of liability of each insured **membership program**; provided, however, that in no event shall the total amount reimbursed to you under all **membership programs** exceed the actual amount of loss.

V. LIMITS OF INSURANCE

CHARTIS SPECIALTY INSURANCE COMPANY

- A. We shall only pay the amount of loss, up to the applicable Limit of Insurance.
- B. The Aggregate Limit of Insurance for Each Insured specified in Item 8 of the Declarations is the most we shall pay any insured for loss, resulting from all stolen identity events first discovered by the insured during the policy period.
- C. All loss arising from continuous, repeated, or related fraud guard events shall be treated as one fraud guard event.

VI. DEFINITIONS

- A. **Access Device** means a card, code or other mean of access to an account of yours, or any combination thereof, that may be used by you to initiate electronic fund transfers.
- B. **Account** means a cash, credit card, demand deposit (checking), savings or money market account of yours held directly or indirectly by a financial institution and established primarily for personal, family or household purposes.
- C. **Bodily injury** means bodily harm, sickness or disease, including, required care, loss of services and death that results.
- D. **Business** means any employment, trade, profession, or occupation, including farm operation and the raising or care of animals.
- E. **Electronic Fund Transfer** means any transfer of funds that is initiated through an electronic terminal, telephone, computer, or magnetic tape for the purpose of ordering, instructing or authorizing financial institution to debit or credit your account. Electronic fund transfer includes but is not limited to (i) point-of-sale transfers; (ii) automated teller machine transfers; (iii) direct deposits or withdrawals of funds; (iv) transfers initiated by telephone; (v) transfers resulting from debit card transactions, whether or not initiated through an electronic terminal.
- F. **Financial Institution** means a bank, savings, association, credit union, or any other person that directly or indirectly holds an account belonging you, or that issues an access device and agrees with you to provide electronic fund transfer services.
- G. **Fraud guard event** means stolen identity event or unauthorized electronic funds transfer as set forth in this policy
- H. **Immediate family member** means your mother, father, brother, sister, son, daughter, grandparent, or grandchild.

CHARTIS SPECIALTY INSURANCE COMPANY

- I. **Insured, You, Your, or Yourself** means the natural person on record with us as enrolled in an insured **membership program(s)** of the **master policyholder** at the time a **stolen identity event** is first discovered. **Insured, You, Your, or Yourself** also means the natural person on record with us as enrolled in an insured **membership program(s)** of the **master policyholder** at the time of a **unauthorized electronic fund transfer**.
- J. **Loss** means: With respect to Section I, Coverage A, Stolen Identity Event, Costs and Legal Costs, as set forth in Paragraphs A(1) and A(2) and (2) with respect to Section I Coverage B, Unauthorized Electronic Fund Transfer Reimbursement Coverage, **stolen funds loss**.
- K. **Membership Program** means those programs sponsored by the **master policyholder** and that are specifically listed by endorsement as covered programs under this policy.
- L. **Master policyholder** means the entity listed in Item 2 of the Declarations.
- M. **Personal injury** means the following injuries, and resulting death:
- a. Shock, humiliation, mental anguish, or mental injury;
 - b. False arrest, imprisonment, or detention;
 - c. Wrongful entry into, or eviction of a person from, a room, dwelling, or premises that the person occupies;
 - d. **Bodily injury**;
 - e. Malicious prosecution;
 - f. Libel, slander, defamation of character, or disparagement of a person's or organization's goods, products, or services; or
 - g. Invasion of privacy.
- N. **Policy** means this **policy**, including the declarations, schedule, application, and endorsements.
- O. **Policy period** means the period commencing on the effective date shown in the Declarations. **Policy period** ends on the earlier of the expiration date or the date of cancellation of this **policy**.
- P. **Premises** mean the interior of that portion of any building where **you** reside.
- Q. **Property damage** means physical injury to, destruction of, or loss of use of tangible property.
- R. **Stolen Funds Loss** means the principal amount, exclusive of interest, incurred by **you** and caused by an **unauthorized electronic fund transfer first occurring in**

CHARTIS SPECIALTY INSURANCE COMPANY

the policy period. **Stolen Funds Loss** shall not include any amount for which you did not seek reimbursement from the **financial institution** which issued the **access device** and holds the **account** from which funds were stolen, and **stolen funds** shall not include any amount for which you received reimbursement from any source.

- S. **Stolen identity event** means the fraudulent use of **your** personal identification, social security number, or other method of identifying **you**. This includes the fraudulent use of **your** personal identity to establish credit accounts, secure loans, enter into contracts or commit crimes. **Stolen identity event** shall not include the theft or unauthorized or illegal use of **your business** name, d/b/a or any other method of identifying any **business** activity of **yours**.
- T. **Unauthorized Electronic Fund Transfer** means an electronic fund transfer from **your account** initiated by a person other than **you** without the actual authority to initiate the transfer and from which **you** receive no benefit. An **unauthorized electric fund transfer** does not include an **electronic fund transfer** initiated: (1) by a person who was furnished the **access device** to **your** account by **you**, unless **you** have notified the **financial institution** that transfers by such person are no longer authorized; (2) with fraudulent intent by **you** or any person acting in concert with **you**; or (3) by the **financial institution** or its employee or 4) from any business or commercial account.
- U. **We, us** and **our** mean the insurance company providing this insurance.

VII. POLICY TERMINATION

- A. This **policy** shall terminate on the expiration date specified in Item 7 of the Declarations or, in the event of cancellation or non-renewal of this policy, then the date specified in such notice of cancellation or non-renewal. There shall be no coverage for any **stolen identity event** or **unauthorized electronics funds transfer** occurring after the effective date and time of such expiration, cancellation or non-renewal. Termination of this **policy** shall not reduce or eliminate any time periods in which **you** must report to **us** a **stolen identity event** or **unauthorized electronics funds transfer** or send **us** signed, sworn proof of loss or affidavit containing the information **we** request to investigate a claim.
- B. If **we** cancel or non-renew this **policy**, **we** shall mail or deliver written notice to the **master policyholder** at the mailing address shown in Item 3 of the Declarations stating the effective date of such cancellation or non-renewal. If notice is mailed, proof of mailing shall be sufficient proof of notice.
- C. **We** may cancel or non-renew this **policy** by mailing or delivering to the **master policyholder** written notice at least:

CHARTIS SPECIALTY INSURANCE COMPANY

1. Ten (10) days before the effective date of cancellation if **we** cancel for nonpayment of premium; or
2. Ninety (90) days before the effective date of non-renewal or cancellation, if **we** cancel for any other reason. At **our** sole and absolute discretion, **we** may extend this **policy** on the same terms and rates beyond the expiration date set forth on the declarations for such period as is necessary for **us** to comply with this paragraph.

The **policy period** shall end on the effective date specified in the cancellation or non-renewal notice.

- D. The **master policyholder** may cancel this **policy** by mailing or delivering to **us** advance written notice of cancellation setting forth the date and time thereafter during the **policy period** on which the cancellation shall be effective or by surrender of this policy to **us** or **our** authorized agent within seven (7) days of the effective date of cancellation.
- E. If this **policy** is canceled, **we** shall send the **master policyholder** any premium refund due. If **we** cancel, the refund shall be pro rata. If the **master policyholder** cancels, the refund may be less than pro rata. The cancellation shall be effective even if **we** have not made or offered a refund.

VIII. OBLIGATIONS OF THE MASTER POLICYHOLDER

As a condition precedent to coverage under this **policy**, the **master policyholder** shall at all times have the duties and obligations set forth in this section. These duties and obligations are in addition to any obligations of the **insured** otherwise provided for under this **policy**. The **master policyholder** shall:

- A. pay any applicable deposit premium which shall be fully earned by **us** and nonrefundable, as specified in the quarterly invoice. On the tenth business day after the end of each calendar quarter during the **policy period**, the **master policyholder** shall provide **us** with the number of participants for each of the **master policyholder's membership programs** to which this **policy** applies. This number shall include any participant who at any time during the month of the report:
- a. became newly enrolled in a **membership program**;
 - b. ended enrollment in a **membership program**; or
 - c. continued enrollment in a **membership program**.

We shall calculate the premium at the rate shown in this **policy** and shall send an invoice after the end of each calendar quarter to the **master policyholder** for the premium due for that period. Credit shall be allowed for the deposit premium paid.

- B. transmit complete, accurate and timely data to **us** on a scheduled basis in order for **us** to compute premium;

CHARTIS SPECIALTY INSURANCE COMPANY

- C. allow **us** to examine and audit all of the **master policyholder's** records that relate to this **policy**. **We** may conduct the audits during regular business hours during the **policy period** and within three years after the **policy period** ends;
- D. make reasonable efforts to advise **us** of any information it might possess at the manager level or higher or any communications received at the manager level or higher from any third parties, including **insureds** or third party organizations affiliated with **membership programs**, that might reasonably pertain to an **insured's stolen identity event** or **costs and legal costs**;
- E. reasonably inform the **insureds** of their rights and obligations under this **policy** in a form approved by **us**; and
- F. transmit complete, accurate and timely data regarding any potential **loss** reported by the **insured** to the **master policyholder** in the monthly claim report.

IX. CANCELLATION OF MEMBERSHIP

After the cancellation, termination or expiration of the **insured's** membership in the **membership program**, any coverage under this **policy** for that **insured** is terminated and there shall be no coverage for that **insured** for any **stolen identity event** or **unauthorized electronics funds transfer** occurring after the effective date and time of such termination.

This endorsement, effective 10/01/2010 12:01 A.M. forms a part of

Policy number: 7077868

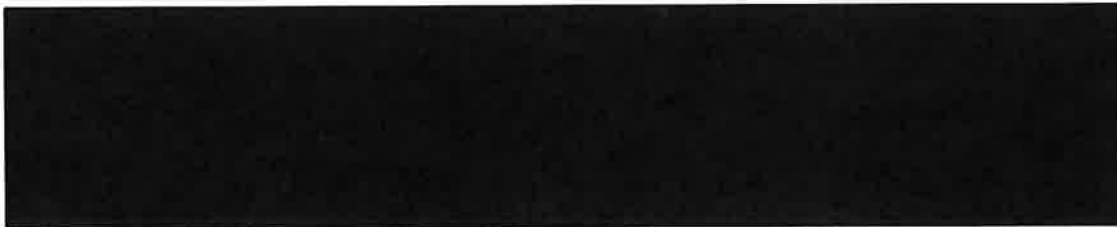
Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

MEMBERSHIP ENDORSEMENT #1

POLICY MODIFICATIONS

This policy as issued is amended by the addition of the following membership programs:



All other terms and conditions remain unchanged.

10-21-10
Date


Authorized Representative

This endorsement, effective 10/01/2010 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 2

POLICY MODIFICATIONS

It is hereby understood that **Item 5, Item 6 and Item 8.** of the Declarations Page are amended as follows:



All other terms and conditions of the policy will remain unchanged

10-21-10

Date

A handwritten signature in black ink, appearing to read "Tom J. [unclear]".

Authorized Representative

This endorsement, effective 10/01/2010 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

RESIDENT ENDORSEMENT #3

POLICY MODIFICATIONS

This policy as issued is amended as follows:

Coverage does not apply to residents of the state of New York.

All other terms and conditions remain unchanged.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective 10/01/2010 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company


COVERAGE TERRITORY ENDORSEMENT #4

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



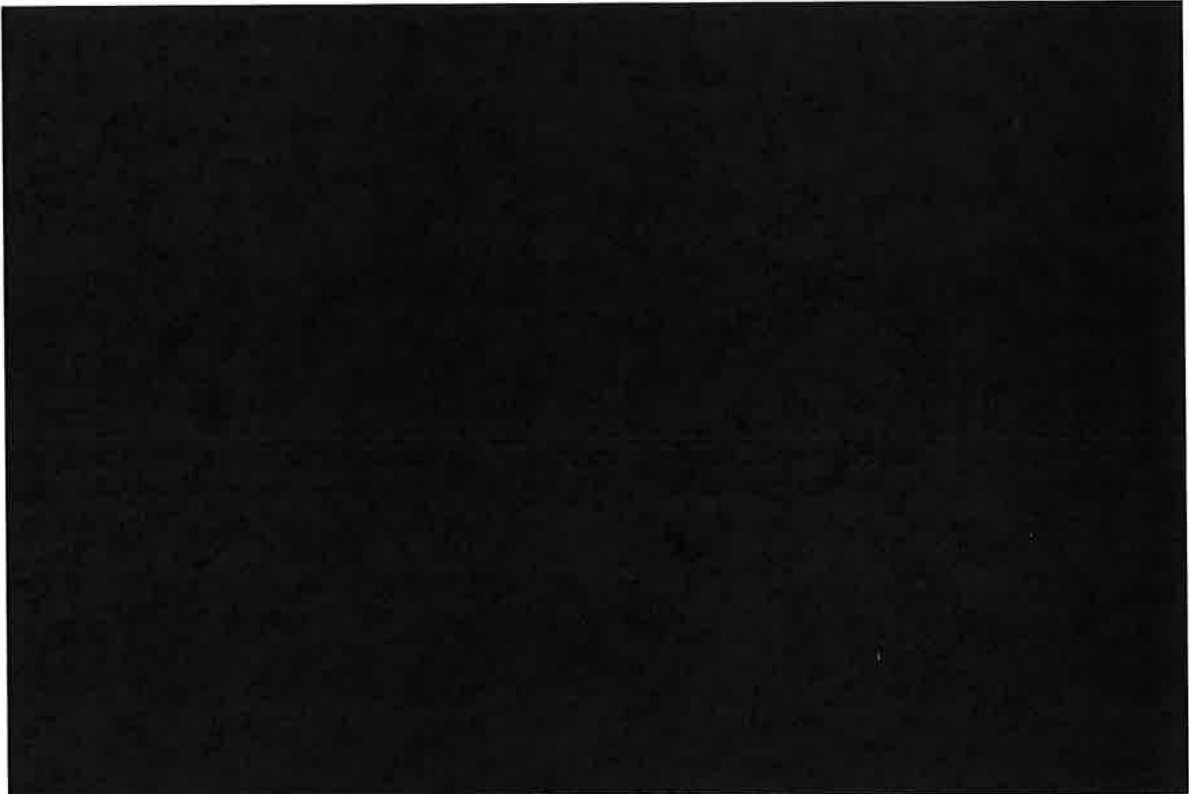
This endorsement, effective 10/01/2010 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

DEPOSIT PREMIUM ENDORSEMENT #5



ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© Chartis Inc. All rights reserved.

A handwritten signature in black ink, appearing to read "John [unclear]", positioned above the title "AUTHORIZED REPRESENTATIVE".

AUTHORIZED REPRESENTATIVE

This endorsement, effective 01/26/2011 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

CHILD SECURE PROGRAM ENDORSEMENT

In consideration of the premium charged it is hereby understood and agreed that the policy is amended as follows:

I.

Item 9 of the Declarations, Aggregate Limit of Insurance for each insured is deleted in its entirety and replaced with the following:

9. LIMIT OF INSURANCE

Aggregate Limit of Insurance for each **Child Secure Program**: **\$2,000,000**
Aggregate Limit of Insurance for each **insured** (other than an **insured** enrolled in the Child Secure Program): **\$1,000,000**

Lost Wages Sublimit of Liability: **\$1,000** per week; **4** maximum weeks.

II.

Clause V, LIMITS OF INSURANCE is amended by deleting paragraph B thereof in its entirety and replacing it with the following:

- B. The Limit of Insurance** state in the Declarations is the aggregate limit of the Insurer's liability for all loss under this policy. The **Limit of Insurance** and all sublimits of liability are collectively referred to in this policy as the "**Limits of Insurance.**"

Each aggregate sublimit of liability in this policy is the maximum limit of the Insurer's liability for all loss under the policy that is subject to that aggregate sublimit of liability. All sublimits of liability shall be part of, and not in addition to, the **Limit of Insurance.**

III.

Clause VI, DEFINITIONS is amended by adding the following at the end thereof:

Child Secure Program means a membership program of a master policyholder enrolled in by an insured which provides coverage, including mitigation services, as of the **Effective Time** to such insured's family member(s).

Effective Time means the date on which the insured has enrolled in the **Child Secure Program** and completed the registration process for such program.

Family Members means an insured's child under the age of eighteen (18) who permanently resides in the same residence as the insured at the time of the **stolen identity event** or **unauthorized electronic fund transfer**.

Mitigation Services includes but not limited to identity monitoring, credit monitoring and public information monitoring

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© Chartis Inc. All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective 01/26/2011 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 7

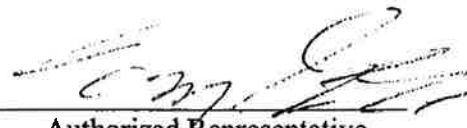
POLICY MODIFICATIONS

It is hereby understood that **Item 5** of the Declarations Page are appended as follows:



All other terms and conditions of the policy will remain unchanged

1-26-11
Date


Authorized Representative

This endorsement, effective 10/01/2011 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 8

POLICY MODIFICATIONS

It is hereby understood that **Item 5** of the Declarations Page are appended as follows:

Item 5. Premium Rate (monthly rate per Insured):



All other terms and conditions of the policy will remain unchanged

9-15-11

Date

A handwritten signature in black ink, appearing to read 'C. J. [unclear]', written over a horizontal line.

Authorized Representative

This endorsement, effective 03/01/2012 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 9

POLICY MODIFICATIONS

It is hereby understood that **Item 5** of the Declarations Page are appended as follows:

Item 5. Premium Rate (monthly rate per Insured):



All other terms and conditions of the policy will remain unchanged

LL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.

A handwritten signature in cursive script, likely belonging to an authorized representative.

AUTHORIZED REPRESENTATIVE

This endorsement, effective 06/12/2012 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

CHANGE OF ADDRESS ENDORSEMENT #10

POLICY MODIFICATIONS

It is hereby understood that **Item 2** of the Declarations Page is amended as follows:

2. **Address:** 535 Anton Blvd
 Costa Mesa, CA 92626

All other terms, conditions and exclusions shall remain unchanged.

June 12th, 2012
Date



Authorized Representative

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED

© Chartis Inc. All rights reserved.

This endorsement, effective 06/21/2012 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

AMENDATORY ENDORSEMENT #11

POLICY MODIFICATIONS

It is agreed that Section VII, Policy Termination, Subparagraph A, is deleted and replaced with:

- A. This **policy** shall terminate on the expiration date specified in Item 4 of the Declarations or, in the event of cancellation or non-renewal of this policy, then the date specified in such notice of cancellation or non-renewal. There shall be no coverage for any **stolen identity event** or **unauthorized electronics funds transfer** occurring after the effective date and time of such expiration, cancellation or non-renewal. Termination of this **policy** shall not reduce or eliminate any time periods in which **you** must report to **us** a **stolen identity event** or **unauthorized electronics funds transfer** or send **us** signed, sworn proof of loss or affidavit containing the information **we** request to investigate a claim.

June 25th, 2012

Date



Authorized Representative

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED

© Chartis Inc. All rights reserved.

This endorsement, effective 11/01/2011 12:01 A.M. forms a part of

Policy number: 7077868

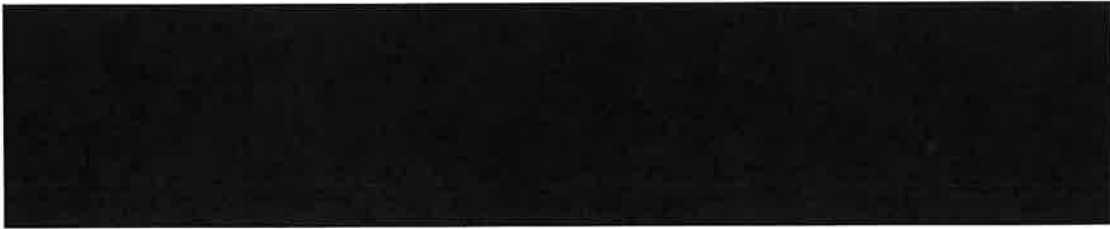
Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

MEMBERSHIP ENDORSEMENT #12

POLICY MODIFICATIONS

This policy as issued is amended by the addition of the following membership programs:



July 6th, 2012
Date



Authorized Representative

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED

© Chartis Inc. All rights reserved.

This endorsement, effective 10/01/2012 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

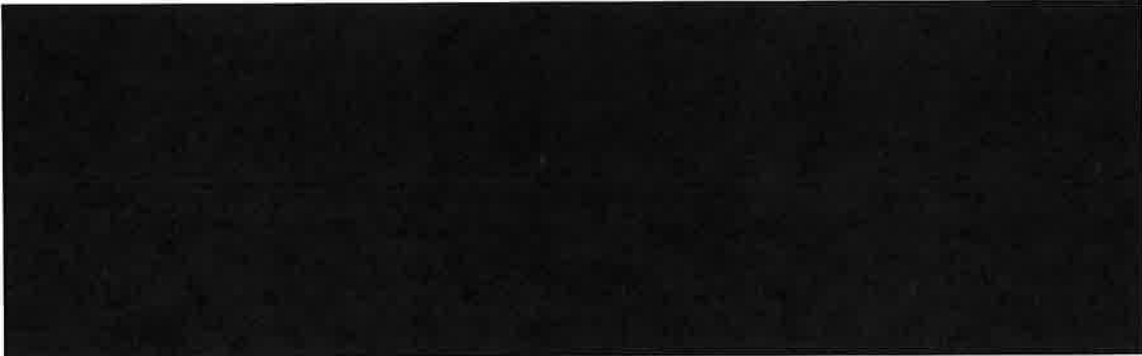
By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 13

POLICY MODIFICATIONS

It is hereby understood that **Item 5** of the Declarations Page are replaced as follows:

Item 5. Premium Rate (monthly rate per Insured):



All other terms and conditions of the policy will remain unchanged

LL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.

A handwritten signature in cursive script, likely belonging to an authorized representative.

AUTHORIZED REPRESENTATIVE

This endorsement, effective 04/01/2013 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

CHILD SECURE PROGRAM ENDORSEMENT #14

In consideration of the premium charged it is hereby understood and agreed that the policy is amended as follows:

I.

Endorsement Number 6 of policy 7077868 is deleted in its entirety and replaced with the following:

Item 9 of the Declarations, Aggregate Limit of Insurance for each insured is deleted in its entirety and replaced with the following:

9. LIMIT OF INSURANCE

Each Insured Limit of Insurance for each insured (other than an insured enrolled in the **Child Secure Program**): **\$1,000,000**

Child Secure Aggregate Limit of Insurance for each **Child Secure Program**: **\$2,000,000**

Child Secure Each Insured Limit of Insurance for each insured enrolled in the **Child Secure Program**: **\$1,000,000**

Lost Wages Sublimit of Liability: **\$1,000** per week; **1** maximum weeks.

II.

Clause V, LIMITS OF INSURANCE is amended by deleting paragraph B thereof in its entirety and replacing it with the following:

- B. The **Aggregate Limit of Insurance** for each insured (other than an insured enrolled in the **Child Secure Program**) is the most **we** shall pay each insured (other than an insured enrolled in the **Child Secure Program**) for all loss under this policy.

The **Child Secure Aggregate Limit of Insurance** stated in the Declarations is the most **we** shall pay for all loss under this policy arising out of any **Child Secure Program**.

The **Child Secure Each Insured Limit of Insurance** specified in the Declarations is the most we shall pay each **insured** enrolled in the **Child Secure Program** for all loss under this policy arising out of any **Child Secure Program**. The **Child Secure Each Insured Limit Insurance** shall be part of, and not in addition to, the **Child Secure Aggregate Limit of Insurance**.

Lost Wages Sublimit of Liability stated in the Declarations is the most we shall pay for all loss under this policy arising out of any lost wages. The **Lost Wages Sublimit of Liability** shall be part of, and not in addition to, any related aggregate **Limits of Insurance**.

III.

Clause VI, DEFINITIONS is amended by adding the following at the end thereof:

Child Secure Program means a **membership program** of a **master policyholder** enrolled in by an **insured** which provides coverage, including **mitigation services**, as of the **Effective Time** to such **insured's family member(s)**.

Effective Time means the date on which the **insured** has enrolled in the **Child Secure Program** and completed the registration process for such program.

Family Members means an **insured's** child under the age of eighteen (18) who permanently resides in the same residence as the **insured** at the time of the **stolen identity event** or **unauthorized electronic fund transfer**.

Mitigation Services includes but not limited to identity monitoring, credit monitoring and public information monitoring.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© Chartis Inc. All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective 08/01/2013 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

MEMBERSHIP ENDORSEMENT #15

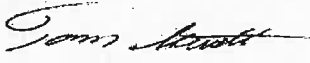
POLICY MODIFICATIONS

This policy as issued is amended by the addition of the following membership programs:

1. Protect My ID-Thin File / No File Monitoring

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective 10/01/2013 12:01 A.M. forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

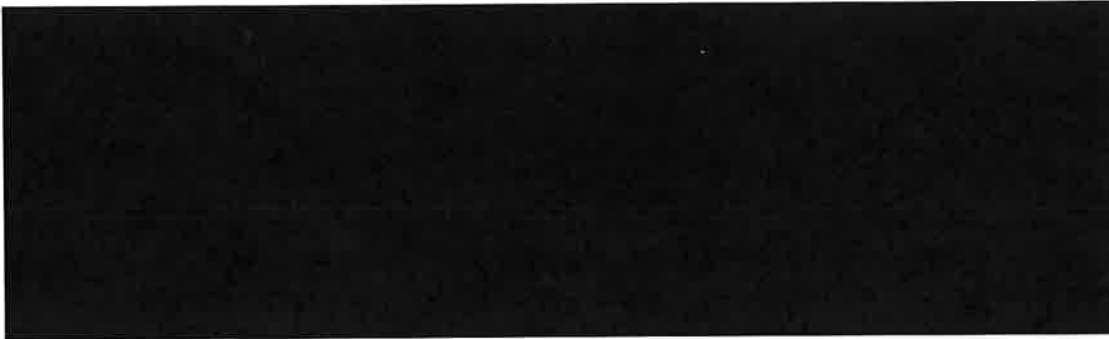
By: Chartis Specialty Insurance Company

Premium Rate Endorsement No. 16

POLICY MODIFICATIONS

It is hereby understood that **Item 5** of the Declarations Page are replaced as follows:

Item 5. Premium Rate (monthly rate per Insured):



ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective at 12:01 AM 10/30/2013 forms a part of

Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

**PERSONAL IDENTITY COVERAGE AMENDATORY ENDORSEMENT #17
(MEDICAL IDENTITY THEFT COVERAGE)**

In consideration of the premium charged, it is hereby understood and agreed that the policy is amended as follows:

1. It is agreed that in Clause VI., **DEFINITIONS**, the Definition of **Stolen identity Event** is amended as follows:

The Definition of **Stolen identity event** is amended as follows

Stolen identity event shall include **Medical identity theft**.

Solely for the purposes of the coverage provided by this endorsement:

Medical Identity Theft means the theft of the **insured's** personal or health insurance information to obtain medical treatment, pharmaceutical services or medical insurance coverage. **Medical identity theft** also means the theft of the **insured's** personal or health insurance information to submit false claims for medical services or goods.

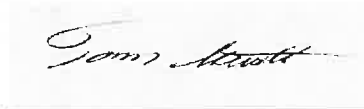
2. It is agreed that in Clause I., **COVERAGES**, Item 1, **Costs**, is appended with the following:

- f. costs approved by **us**, for providing periodic reports on changes to, and inquiries about the information contained in the **insured's** credit reports or public databases (including, but not limited to credit monitoring services);
- g. cost of travel within the United States incurred as a result of the **insured's** efforts to amend or rectify records as to the **insured's** true name and identity; and
- h. costs for elder care, spousal care or child care incurred as a result of the **insured's** efforts to amend or rectify records as to the **insured's** true name and identity

- i. Reasonable and necessary costs incurred by the **insured** for ordering medical records for the purpose of amending and/or rectifying these documents as a result of a stolen identity event
 - j. Reasonable and necessary costs incurred by the **insured** for the replacement of identification cards, drivers licenses and passports as a result of a **stolen identity event**
3. It is agreed that in Clause I., **COVERAGES**, Item 2, **Legal Costs**, is appended with the following:
- d. Challenging the accuracy or completeness of any information in the **insured's** medical history as a result of a **medical identity theft**. It is further agreed that solely with respect to subparagraph (3) the **insured**, with our express prior written consent, may select such attorney.
 - e. Challenging the accuracy or completeness of any information in the **insured's** tax history as a result of a **stolen identity event**. It is further agreed that solely with respect to subparagraph (3) the **insured**, with our express prior written consent, may select such attorney.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



AUTHORIZED REPRESENTATIVE

This endorsement, effective at 12:01 AM 10/30/2013 forms a part of

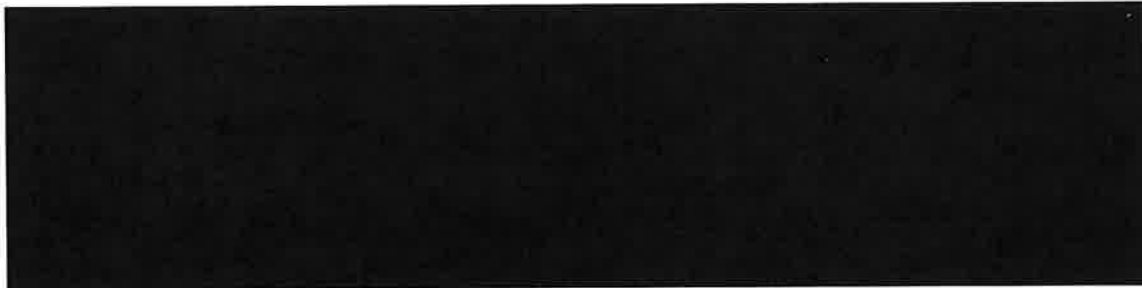
Policy number: 7077868

Issued to: ConsumerInfo.com

By: Chartis Specialty Insurance Company

MEMBERSHIP ENDORSEMENT #18

In consideration of the premium charged, it is hereby understood and agreed that **Item 5**, **Item 6** and **Item 9** of the Declarations are deleted in their entirety and replaced with the following:



Item 6. Deductible:

Membership Program	Deductible Per Member
ConsumerInfo.com-\$50,000 Indemnity Program	\$0
ConsumerInfo.com-\$100,000 Indemnity Program	\$0
ConsumerInfo.com-\$1,000,000 Indemnity Program	\$0
ConsumerInfo.com-Child Secure Program	\$0

Item 9. Aggregate Limit and Sublimits of Insurance for each Insured:

Membership Program	Aggregate Limit for Each Insured	Aggregate Limit for Program
ConsumerInfo.com-\$50,000 Indemnity Program	\$50,000	N/A
ConsumerInfo.com-\$100,000 Indemnity Program	\$100,000	N/A
ConsumerInfo.com-\$1,000,000 Indemnity Program	\$1,000,000	N/A
ConsumerInfo.com-Child Secure Program	\$1,000,000	\$2,000,000

Membership Program	Lost Wages		Travel Expenses	Elder Care and Child Care
	Per Week	Max Weeks		
ConsumerInfo.com-\$50,000 Indemnity Program	\$1,500	5 Wks	\$1,000	\$2,000
ConsumerInfo.com-\$100,000 Indemnity Program	\$1,500	5 Wks	\$1,000	\$2,000
ConsumerInfo.com-\$1,000,000 Indemnity Program	\$1,500	5 Wks	\$1,000	\$2,000
ConsumerInfo.com-Child Secure Program	\$1,500	5 Wks	\$1,000	\$2,000

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

© All rights reserved.



AUTHORIZED REPRESENTATIVE