

OFFICE OF THE  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

**AFFIDAVIT  
INSURANCE DATA SECURITY ACT**

Required for Domestic companies by 2/15 annually

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_ hereby certify that  
(Company Name)

\_\_\_\_\_ is in compliance with [18 Del. Chapter 86](#).  
(Company Name)

In the event of a cybersecurity event, \_\_\_\_\_ will notify  
(Company Name)

the Commissioner as promptly as possible but in no later than 3 business days from the licensee's  
determination that a cybersecurity event has occurred pursuant to [18 Del. C. § 8606](#).

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_,  
personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and  
that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(SEAL) My commission expires:

**Email to: [doidatasecurity@delaware.gov](mailto:doidatasecurity@delaware.gov)**

or mail to: