

Data Breach Insurance Opt-out and Release of Liability

What is Data Breach Insurance?

For less than \$7 a month (or less than \$85 a year) Data Breach Insurance protects my business from extensive costs relating to a breach. The Data Breach Insurance is an extremely valuable product that covers your business up to \$100,000 per year, but despite this value if you still desire to opt out please initial and sign below.:

_____ I decline \$100,000/year data breach insurance coverage and understand by doing so I will not be covered for any data breaches that may occur at my business despite my best efforts to protect my business from card data theft, both internal and external.

_____ By declining, I understand that, in the unfortunate instance of a data breach at my location, I am responsible to cover the complete costs relating to the breach, including but not limited to:

- Mandatory Forensic Exams
- Card Replacement Costs (usually between \$3 and \$10 for each card)
- Compliance Fines from card associations and others, which can be higher than \$50,000
- Fines based on actual fraudulent use of the cards

_____ I will notify Axia, as well as the card associations, immediately if I become the victim of any data breach or theft.

I decline to have Data Breach Insurance extended to cover my merchant account(s). I understand that under the terms of my Merchant Agreement I am responsible for all expenses, fines, assessments, and penalties that arise in the event that a data breach is suspected or occurs at one or more of my merchant location(s). Further, I understand and agree that the Data Breach Insurance will not be available to me to help pay any of the above mentioned expenses, fines, assessments, and penalties in the event of a suspected or actual breach of one or more of my merchant locations.

In order to receive Data Breach Insurance once I have opted out, I must notify Axia in writing and receive written confirmation of receipt of my re-enrollment.

I hereby certify that I am authorized to sign on behalf of my company, partnership, etc.

MID #(s)

Business Name

Billing Statement Address

City

State

Zip

Signature

Date

Print your name

If you do not wish to have the PCI Protection Program extended to cover your merchant location(s), you will need to notify Axia Payments by filling out and signing this opt-out form and either mailing or faxing it to the contact information below. Upon your receipt of a copy, executed by Axia, you will be officially opted out of the Data Breach Insurance Program.

Mail:
 Axia Payments
 attn: PCI & Data Breach Dept.
 1216 State Street, 4th floor
 Santa Barbara, CA 93101

Fax:
 (805) 962-5135 attn. PCI & Data Breach Dept.

Executed By Axia Authorized Representative:	Date: