



<<Date>> (Format: Month Day, Year)

<<first\_name>> <<middle\_name>> <<last\_name>> <<suffix>>  
<<address\_1>>  
<<address\_2>>  
<<city>>, <<state\_province>> <<postal\_code>>  
<<country>>

**RE: Notice of Data Breach**

Dear <<first\_name>> <<middle\_name>> <<last\_name>> <<suffix>>:

I am writing to you on behalf of Carpenter Co. (“Carpenter” or the “Company”) with important information about a data security incident that occurred at Carpenter. Carpenter takes the protection and proper use of your personal information very seriously. We are, therefore, contacting you to explain the incident and provide you information about security measures you can take to help protect yourself and your personal information.

**What Happened:**

On March 18, 2021, Carpenter experienced a ransomware incident that impacted the Company’s information technology systems, including its operating, network, and email software systems. In accordance with the standard recommendation of the FBI and financial regulators, the Company did not pay the ransom and immediately began working to contain the incident and terminate any unauthorized access. At the time, due to the systems impacted, we were unsure if any personally identifiable information had been impacted by this incident. However, in the course of the Company’s subsequent investigation into the incident our outside forensic expert confirmed on May 24, 2021 that the threat actor did gain access to certain of our employees’ and contractors’ personal information (although we cannot determine whether the threat actor actually viewed or used your personal information). <<b2b\_text\_1(RI Specific Sentence)>> This notice was not delayed as the result of a law enforcement investigation.

**What Information Was Involved:**

This incident involved your <<b2b\_text\_2(Impacted Data)>>. As a result, your personal information may have been exposed to others. While we do not know whether your personal information was in fact used for any unauthorized purpose, we are sending you this notice out of an abundance of caution.

**What We Are Doing:**

We have taken numerous actions to mitigate the incident, including notifying law enforcement, successfully locking out the unauthorized users from the Company’s system, successfully containing and removing the malware from the Company’s system, undertaking a full forensic investigation of the incident with the assistance of an outside forensics investigation firm, and conducting a comprehensive information security assessment. The Company has also taken steps to enhance the security protections on the Company’s systems since the incident, including adding network monitoring at internet egress points and implementing active directory hardening measures.

To help relieve concerns and restore confidence following this incident, we have secured the services of Kroll to provide identity monitoring at no cost to you for 12 months. Kroll is a global leader in risk mitigation and response, and their team has extensive experience helping people who have sustained an unintentional exposure of confidential data. Your identity monitoring services include Credit Monitoring, Fraud Consultation, and Identity Theft Restoration.

Visit <https://enroll.krollmonitoring.com> to activate and take advantage of your identity monitoring services.

You have until **Month XX, 2021** to activate your identity monitoring services.

Membership Number: <<Membership Number s\_n>>

Additional information describing your services is included with this letter.

**What You Can Do:**

Please review the "Additional Resources" section included with this letter. This section describes additional steps you can take to help protect yourself, including recommendations by the Federal Trade Commission (FTC) regarding identity theft protection and details on how to place a fraud alert or a security freeze on your credit file. You should also report any suspected incident of identity theft to law enforcement and you can obtain a copy of any resulting police report. If you do suspect that you have been the victim of identity theft, you should also notify your state Attorney General and the FTC.

**For More information:**

If you have questions, please call [1-855-623-1911](tel:1-855-623-1911), Monday through Friday from 8:00 a.m. to 5:30 p.m. Central Time. Please have your membership number ready.

Protecting your information is important to us. We trust that the services we are offering to you demonstrate our continued commitment to your security and satisfaction.

We sincerely apologize for this incident and regret any inconvenience it may cause you.

Sincerely,

A handwritten signature in black ink that reads "Bradford Beauchamp". The signature is written in a cursive style with a long, sweeping underline.

Bradford Beauchamp  
President & CEO

## ADDITIONAL RESOURCES

### Contact information for the three nationwide credit reporting agencies:

**Equifax**, PO Box 740241, Atlanta, GA 30374, [www.equifax.com](http://www.equifax.com), 1-800-685-1111

**Experian**, PO Box 2104, Allen, TX 75013, [www.experian.com](http://www.experian.com), 1-888-397-3742

**TransUnion**, PO Box 2000, Chester, PA 19016, [www.transunion.com](http://www.transunion.com), 1-800-888-4213

**Free Credit Report.** It is recommended that you remain vigilant by reviewing account statements and monitoring your credit report for unauthorized activity, especially activity that may indicate fraud and identity theft. You may obtain a copy of your credit report, free of charge, once every 12 months from each of the three nationwide credit reporting agencies. To order your annual free credit report please visit [www.annualcreditreport.com](http://www.annualcreditreport.com) or call toll free at **1-877-322-8228**. You can also order your annual free credit report by mailing a completed Annual Credit Report Request Form (available from the U.S. Federal Trade Commission's ("FTC") website at [www.consumer.ftc.gov](http://www.consumer.ftc.gov)) to:

Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.

**For Colorado, Georgia, Maine, Maryland, New Jersey, Puerto Rico, and Vermont residents:** You may obtain one or more (depending on the state) additional copies of your credit report, free of charge. You must contact each of the credit reporting agencies directly to obtain such additional report(s).

**Fraud Alerts.** There are two types of fraud alerts you can place on your credit report to put your creditors on notice that you may be a victim of fraud—an initial alert and an extended alert. You may ask that an initial fraud alert be placed on your credit report if you suspect you have been, or are about to be, a victim of identity theft. An initial fraud alert stays on your credit report for at least one year. You may have an extended alert placed on your credit report if you have already been a victim of identity theft and you have the appropriate documentary proof. An extended fraud alert stays on your credit report for seven years. You can place a fraud alert on your credit report by contacting any of the three national credit reporting agencies.

**Security Freeze.** You have the ability to place a security freeze, also known as a credit freeze, on your credit report free of charge.

A security freeze is intended to prevent credit, loans and services from being approved in your name without your consent. To place a security freeze on your credit report, you may use an online process, an automated telephone line, or submit a written request to any of the three credit reporting agencies listed above. The following information must be included when requesting a security freeze (note that, if you are requesting a credit report for your spouse, this information must be provided for him/her as well): (1) full name, with middle initial and any suffixes; (2) Social Security number; (3) date of birth; (4) current address and any previous addresses for the past 5 years; and (5) any applicable incident report or complaint with a law enforcement agency or the Registry of Motor Vehicles. The request must also include a copy of a government-issued identification card and a copy of a recent utility bill or bank or insurance statement. It is essential that each copy be legible, and display your name, current mailing address, and the date of issue.

**Federal Trade Commission and State Attorneys General Offices.** If you believe you are the victim of identity theft or have reason to believe your personal information has been misused, you should immediately contact the Federal Trade Commission and/or the Attorney General's office in your home state. You may also contact these agencies for information on how to prevent or minimize the risks of identity theft.

You may contact the **Federal Trade Commission**, Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, DC 20580, [www.ftc.gov/bcp/edu/microsites/idtheft/](http://www.ftc.gov/bcp/edu/microsites/idtheft/), 1-877-IDTHEFT (438-4338).

**For Maryland residents:** You may contact the Maryland Office of the Attorney General, Consumer Protection Division, 200 St. Paul Place, Baltimore, MD 21202, [www.oag.state.md.us](http://www.oag.state.md.us), 1-888-743-0023.

**For North Carolina residents:** You may contact the North Carolina Office of the Attorney General, Consumer Protection Division, 9001 Mail Service Center, Raleigh, NC 27699-9001, [www.ncdoj.gov](http://www.ncdoj.gov), 1-877-566-7226.

**For New York residents:** The Attorney General may be contacted at: Office of the Attorney General, The Capitol, Albany, NY 12224-0341; 1-800-771-7755; <https://ag.ny.gov/>.

**For Rhode Island residents:** You may contact the RI Office of the Attorney General, 150 South Main Street, Providence, RI 02903, (401) 274-4400; <http://www.riag.ri.gov/ConsumerProtection/About.php#>.

### Reporting of identity theft and obtaining a police report.

**For Iowa residents:** You are advised to report any suspected identity theft to law enforcement or to the Iowa Attorney General.

**For Oregon residents:** You are advised to report any suspected identity theft to law enforcement, the Federal Trade Commission, and the Oregon Attorney General.

### ChexSystems

If your bank account information was involved in the incident, you may place a security alert and/or security freeze with ChexSystems by visiting <https://www.chexsystems.com> or calling (800) 428-9623.



## **TAKE ADVANTAGE OF YOUR IDENTITY MONITORING SERVICES**

You have been provided with access to the following services from Kroll:

### **Single Bureau Credit Monitoring**

You will receive alerts when there are changes to your credit data—for instance, when a new line of credit is applied for in your name. If you do not recognize the activity, you'll have the option to call a Kroll fraud specialist, who will be able to help you determine if it is an indicator of identity theft.

### **Fraud Consultation**

You have unlimited access to consultation with a Kroll fraud specialist. Support includes showing you the most effective ways to protect your identity, explaining your rights and protections under the law, assistance with fraud alerts, and interpreting how personal information is accessed and used, including investigating suspicious activity that could be tied to an identity theft event.

### **Identity Theft Restoration**

If you become a victim of identity theft, an experienced Kroll licensed investigator will work on your behalf to resolve related issues. You will have access to a dedicated investigator who understands your issues and can do most of the work for you. Your investigator will be able to dig deep to uncover the scope of the identity theft, and then work to resolve it.

Kroll's activation website is only compatible with the current version or one version earlier of Chrome, Firefox, Safari and Edge.

To receive credit services, you must be over the age of 18 and have established credit in the U.S., have a Social Security number in your name, and have a U.S. residential address associated with your credit file.

## APPENDIX TO SAMPLE NOTIFICATION LETTER

### Key to Variable Fields:

Text 1: Unique field for Rhode Island residents only:

“At this time, we believe the incident affected four Rhode Island residents.”

Text 2: Describes the nature of the PII and includes one of the following:

- “date of birth”
- “social security number”
- “digital signatures”
- “date of birth and a copy of your birth/marriage certificate”
- “date of birth, social security number, and copy of birth/marriage certificate”
- “date of birth and driver’s license or state issued ID number”
- “date of birth, social security number, and driver’s license or state issued ID number”
- “date of birth, social security number, and passport number”
- “date of birth and health insurance information”
- “date of birth and social security number”
- “social security number, account number, routing number, and financial institution name”
- “social security number, passport number, and driver’s license or state issued ID number”
- “social security number, account number, and routing number”
- “social security number, account number, routing number, financial institution name, and health insurance information”
- “date of birth and incidental health reference”
- “date of birth, social security number, account number, routing number, financial institution name, and health insurance information”
- “date of birth, social security number, account number, routing number, financial institution name, and treatment information/diagnosis”
- “date of birth, social security number, account number, routing number, financial institution name, health insurance information, and digital signatures”
- “date of birth, social security number, and driver’s license or state issued ID number”
- “date of birth, social security number, and health insurance information”
- “date of birth, social security number, health insurance information, and digital signatures”
- “date of birth, social security number, and incidental health reference”
- “date of birth, social security number, and treatment information/diagnosis”
- “date of birth, social security number, treatment information/diagnosis, and health insurance information”
- “date of birth, social security number, credit/debit card number, and health insurance information”
- “date of birth, social security number, credit/debit card number, and incidental health reference”

- “date of birth, social security number, driver’s license or state issued identification number, account number, routing number, and financial institution name”
- “social security number, driver’s license or state issued ID number, account number, routing number, financial institution name, and health insurance information”
- “social security number, driver’s license or state issued ID number, and health insurance information”
- “social security number, account number, routing number, and digital signatures”
- “social security number, treatment information/diagnosis, and health insurance information”
- “social security number, treatment information/diagnosis, and prescription information”
- “date of birth, social security number, driver’s license or state issued ID number, and health insurance information”
- “date of birth, social security number, driver’s license or state issued ID number, health insurance information, and digital signatures”
- “date of birth, account number, routing number, financial institution name, credit/debit card number, health insurance information, and digital signatures”
- “date of birth, social security number, incidental health reference, and health insurance information”
- “date of birth, social security number, incidental health reference, treatment information/diagnosis, and health insurance information”
- “date of birth, social security number, incidental health references, treatment information/diagnosis information, and provider name”
- “date of birth, social security number, incidental health references, treatment information/diagnosis, provider name, and health insurance information”
- “date of birth, social security number, incidental health references, treatment information/diagnosis, provider name, health insurance information, and treatment cost information”
- “date of birth, social security number, incidental health references, treatment information/diagnosis, provider name, MRN/patient ID, and health insurance information”
- “date of birth, social security number, passport number, and driver’s license or state issued ID number”
- “date of birth, social security number, passport number, and health insurance information”
- “date of birth, social security number, passport number, treatment information/diagnosis, prescription information, provider name, health insurance information, and treatment cost information”
- “date of birth, social security number, treatment information/diagnosis, and health insurance information”
- “date of birth, social security number, treatment information/diagnosis, and health provider name”
- “date of birth, social security number, treatment information/diagnosis, prescription information, provider name, and health insurance information”

- “date of birth, social security number, treatment information/diagnosis, prescription information, provider name, health insurance information and treatment cost information”
- “date of birth, social security number, treatment information/diagnosis, prescription information, provider name, MRN/patient ID, health insurance information, and treatment cost information”
- “date of birth, social security number, treatment information/diagnosis, provider name, and health insurance information”
- “date of birth, social security number, treatment information/diagnosis, provider name, MRN/patient ID, health insurance information, and treatment cost information”
- “date of birth, social security number, U.S. alien registration number, driver’s license or state issued ID number, and health insurance information”
- “driver’s license or state issued ID number”
- “social security number and health insurance information”
- “social security number and incidental health references”
- “social security number and treatment information/diagnosis”
- “date of birth and treatment information/diagnosis”
- “date of birth, incidental health reference, and treatment information/diagnosis”
- “incidental health reference”
- “provider name”
- “incidental health reference and treatment information/diagnosis”
- “treatment information/diagnosis”
- “treatment information/diagnosis, provider name, MRN/Patient ID, and treatment cost information”
- “treatment information/diagnosis, provider name, and MRN/Patient ID”
- “date of birth, provider name, health insurance information, and treatment cost information”
- “date of birth, social security number, account number, routing number, treatment information/diagnosis, provider name, and MRN/ patient ID”
- “date of birth, social security number, copy of birth/marriage certificate, incidental health reference, and health insurance information”
- “date of birth, social security number, copy of birth/marriage certificate, treatment information/diagnosis, provider name, and health insurance information”
- “date of birth, social security number, driver's license or state issued ID number, and military ID number”
- “date of birth, social security number, driver's license or state issued ID number, copy of birth/marriage certificate, and health insurance information”
- “date of birth, social security number, driver's license or state issued ID number, incidental health reference, treatment information/diagnosis, and treatment cost information”
- “date of birth, social security number, incidental health reference, treatment information/diagnosis, and treatment cost information”
- “date of birth, social security number, treatment information/diagnosis, and treatment cost information”

- “date of birth, social security number, incidental health reference, treatment information/diagnosis, prescription information, provider name, and health insurance information”
- “date of birth, social security number, passport number, driver's license or state issued ID number, account number, routing number, financial institution name, incidental health reference, and health insurance information”
- “date of birth, social security number, passport number, driver's license or state issued ID number, account number, routing number, financial institution name, treatment information/diagnosis, provider name, MRN/ patient ID, and health insurance information”
- “date of birth, social security number, passport number, driver’s license or state issued ID number, and incidental health reference”
- “date of birth, social security number, passport number, driver's license or state issued ID number, copy of birth/marriage certificate, and health insurance information”
- “date of birth, social security number, passport number, driver's license or state issued ID number, military ID number, copy of birth/marriage certificate, treatment information/diagnosis, and health insurance information”
- “date of birth, social security number, passport number, driver's license or state issued ID number, treatment information/diagnosis, provider name, and health insurance information”
- “date of birth, social security number, passport number, driver's license or state issued ID number, treatment information/diagnosis, provider name, and MRN/ patient ID”
- “date of birth, social security number, passport number, driver's license or state issued ID number, treatment information/diagnosis, provider name, MRN/ patient ID, and health insurance information”
- “date of birth, social security number, treatment information/diagnosis, provider name, and MRN/patient ID”
- “date of birth, social security number, treatment information/diagnosis, provider name, MRN/patient ID, and health insurance information”
- “date of birth, social security number, U.S. alien registration number, and passport number”
- “date of birth, social security number, U.S. alien registration number, passport number, account number, routing number, financial institution name, and health insurance information”
- “date of birth, social security number, U.S. alien registration number, passport number, driver's license or state issued ID number, copy of birth/marriage certificate, account number, routing number, and financial institution name”
- “date of birth, treatment information/diagnosis, and treatment cost information”
- “incidental health reference, treatment information/diagnosis, and treatment cost information”
- “treatment information/diagnosis and treatment cost information”
- “date of birth, social security number, passport number, driver’s license or state issued ID number, and copy of birth/marriage certificate”
- “date of birth, social security number, passport number, driver’s license or state issued ID number, and health insurance information”

- “social security number and driver’s license or state issued ID number”
- “date of birth, social security number, account number, routing number, treatment information/diagnosis, provider name, and MRN/ patient ID”
- “prescription information, MRN/ patient ID, and health insurance information”