

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Requested Limits: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Prior Coverage?  Yes  No  
Carrier: \_\_\_\_\_ Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

### RATING INFORMATION

Please check the appropriate box(es) for the Fraudulent Impersonation Insuring Agreement.

**A. EMPLOYEES**  Yes  No If yes, please complete below.

1. Verification is required for all transfer instructions:  Yes  No
2. Verification is required for all transfer instructions in excess of: \$ \_\_\_\_\_

**B. CUSTOMERS AND VENDORS**  Yes  No If yes, please complete below.

1. Verification is required for all transfer instructions:  Yes  No
2. Verification is required for all transfer instructions in excess of: \$ \_\_\_\_\_

### UNDERWRITING

Please attach a separate sheet to explain any "No" answers.

#### A. CUSTOMER CONTROLS

1. Does the Applicant have procedures in place to verify new customers prior to initiating any financial transactions with them?  Yes  No

If yes, check all that apply:

- a. Credit / background check, including D&B Report or similar report:  Yes  No
  - b. Bank account information:  Yes  No
  - c. Confirmation of physical location:  Yes  No
  - d. Other:  Yes  No If yes, specify: \_\_\_\_\_
2. Does the Applicant accept prepayment by customers for goods or services to be delivered or performed at a later date?  Yes  No
  3. Does the Applicant accept funds transfer instructions from customers by telephone, email, text message, fax or similar methods of communication?  Yes  No

If yes, please describe the communication method(s) by which such transfer instructions are received by the Applicant:

4. Does the Applicant have a procedure in place to verify incoming checks with the issuing financial institution to confirm availability of funds prior to delivering goods or performing services, or transferring funds by wire?  Yes  No

5. Does the Applicant have custody or control over any funds or accounts of any customer including, but not limited to, escrow or trust accounts?  
 Yes  No

If yes, please describe:

6. Does the Applicant have access to customer financial systems (e.g., accounting, payroll, purchasing) or perform bill-payment services?  
 Yes  No

If yes, please describe:

7. Does the Applicant accept funds transfer instructions from customers by telephone, email, text message, telefacsimile or similar method of communication?  Yes  No

If yes, are the instructions verified by a direct call to the customer using only the telephone number provided by the customer before the transfer instructions are received?  Yes  No

If yes, please answer the following:

- a. Is the call-back made by an employee other than the employee who receives the funds transfer instruction?  Yes  No
- b. Are the transfer instructions verified by the Applicant with the customer by someone other than the person who initiates the funds transfer request?  Yes  No

If yes, does the Applicant refrain from making any funds transfers until after the customer has had the opportunity to respond to the Applicant's inquiry regarding the validity of the funds transfer instructions?  Yes  No

- c. Does the Applicant require that all such funds transfer instruction be approved by a supervisor of the employee receiving the funds transfer request before it is acted upon?  Yes  No

8. Does the Applicant transfer funds or other property to the customer according to a prearranged procedure established between the Applicant and the customer before making such transfers?  Yes  No

If yes, please describe the procedure:

## B. VENDOR CONTROLS

1. Are background checks performed on vendors in order to determine owners and financial capability?  Yes  No
2. Is all vendor bank information verified by a direct call to the receiving bank prior to the account being established in the Applicant's account payable system?  Yes  No
3. Are there procedures in place to verify invoices and other payment requests received from the vendor prior to making payment?  
 Yes  No
4. Are all changes requested by the vendor (including bank account, invoice changes, phone or fax numbers, address and other contact information) verified by the Applicant by a direct call to the vendor using only the phone number provided by the vendor before the request was received?  Yes  No

If yes, please answer the following:

- a. Is the call-back made by an employee other than the employee who receives the change request?  Yes  No
- b. Are change requests initiated by the vendor verified by the Applicant with someone other the person requesting the change?  Yes  No  
 If yes, does the Applicant refrain from implementing such change requests until after the vendor has had the opportunity to respond to the Applicant's inquiry regarding the validity of the change?  Yes  No
- c. Does the Applicant require all change requests by a vendor to be approved by a supervisor of the employee receiving the change request before it is acted upon?  Yes  No
- 5. Does the Applicant transfer funds or other property to the vendor according to a prearranged procedure established between the Applicant and the vendor before making such transfers?  Yes  No

If yes, please describe the procedure:

**LOSS HISTORY**

Has the Applicant at any time during the past three (3) years had any security incidents involving unauthorized access, intrusion or breach of their network, including embezzlement, fraud, electronic vandalism, computer virus or other incident?  Yes  No

If yes, please complete below. *Attach an additional sheet if necessary.*

Date loss discovered	Amount of loss	Amount recovered from insurance	Describe circumstances of loss and action taken to prevent repetition
	\$	\$	

**NOTE:** This supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct.

Person authorized to complete this application for the insured (Applicant): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature