

CRIME INSURANCE APPLICATION - FRAUDULENT IMPERSONATION



I. GENERAL INFORMATION

1. Name of Applicant: _____
2. Address: _____ City: _____ State: _____ Zip Code: _____
3. State of Incorporation: _____ Date of Incorporation: _____ SIC Code: _____
4. Website Address: _____
5. Limits Requested: _____

II. COMPUTER SECURITY CONTROLS

1. Is anti-fraud training provided for all employees that are responsible for payments or electronic funds transfers and does such training include detection of social engineering, phishing, business email compromise, and other scams? Yes No

A. If "Yes", please describe the training method and frequency:

2. Does your organization tag external emails to alert employees that the message originated from outside of the organization? Yes No
3. Do you utilize multi-factor authentication for all remote access to your network and web-based email? Yes No

III. CLIENT CONTROLS

1. Do you have procedures (e.g. credit/background checks, D&B or similar report, physical location information, bank accounts information) in place to verify the authenticity of all clients? Yes No

A. If "Yes", please describe your procedures: _____

2. Do you have custody or control over funds or accounts of clients (e.g., trust accounts, escrow accounts, etc.) or have access to clients' accounts, payroll, purchasing systems, or perform bill payment services? Yes No

A. If "Yes", please describe: _____

3. Do you accept electronic funds transfer instructions, requests to change bank account information or wire transfer information, or other payment requests (e.g., a refund or repayment) initiated by a client over the telephone, email, text message or other similar method of communication? Yes No

A. If "Yes", please describe how such requests initiated by a client are verified by the employee(s) receiving the request:

IV. VENDOR CONTROLS

1. Are procedures in place to screen and approve potential vendors prior to adding them into your systems and making them eligible to receive payments? Yes No
2. Are procedures in place to verify invoices and other payment requests received from a vendor prior to making a payment? Yes No

3. Do you confirm all changes requested by vendors (including changes to bank account information, wire transfer information, invoices, contact information) by a direct call using only a contact number provided by the vendor before the request was received? Yes No
- A. If "No" to question 3, please describe how such requests initiated by a vendor are verified by the employee(s) receiving the request:

- B. Do you require that all such change requests initiated by a vendor be approved by a supervisor of the employee(s) receiving the change request before it is acted upon? Yes No
- C. Do you send all confirmations of changes requested by a vendor to a person independent of the initial request with any changes being implemented only after the vendor can challenge them? Yes No

V. EMPLOYEE/ELECTRONIC FUNDS TRANSFER CONTROLS

1. Is authority to initiate electronic funds transfers documented in writing by you and limited to specific employees with specific dollar thresholds? Yes No
2. Is there segregation of duties between those who can initiate payments or electronic funds transfers and those who approve payments or electronic funds transfers so that no one individual can control the entire process? Yes No
3. Do payments or electronic funds transfers of a certain amount require dual authorization? Yes No
- A. If "Yes", please describe amounts: _____
4. Do you have procedures in place requiring that any internal payment request or electronic funds transfer request originating from an employee, manager, executive, or business owner must be:
- A. Accompanied by an approved and valid vendor invoice or client refund? Yes No
- B. Verified by calling back the requestor at a predetermined telephone number before the request was received? Yes No
- C. Approved by a next level supervisor or manager of the person receiving the request before it is acted upon? Yes No
5. Are all procedures established and consistently applied across all subsidiaries, business units and departments? Yes No
6. Are all employees responsible for making payments and electronic funds transfers required to attest that they have read and understood the procedures established by the organization? Yes No

VI. LOSS EXPERIENCE

Please list all Fraudulent Impersonation losses discovered or sustained by the Applicant in the last 5 years: (check if none)

Date of Loss	Total Amount of Loss	Description of Loss (Include controls that were circumvented, controls that were missing and steps taken to remediate the causes of loss)	Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name

PERSON AUTHORIZED TO COMPLETE THIS APPLICATION FOR THE INSURED (APPLICANT)

Name (Print): _____ Signature: _____
Title: _____ Date: _____

PRODUCER INFORMATION (Required in Florida, Iowa, and New Hampshire)

Producer Name (Print): _____ Producer Signature: _____
Agency Name: _____ Agency Code: _____
License Number: _____