GREAT AMERICAN
INSURANCE GROUP

Internal Control Questionnaire for Bitcoin Coverage
(a form of virtual or on-line peer to peer medium of exchange)

Application is hereby made by _____

_____
(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ State _____ Zip _____

Policy Effective Period _____ to _____

I. Procedures/Internal Controls

		Yes	No	N/A
1.	Does your firm accept bitcoin for purchases? **If yes,** how many are held? _____ How many are converted to currency when sold? _____	☐	☐	☐ ☐ ☐
2.	**If yes to the above,** how many bitcoin accounts do you currently own? _____			☐
3.	How many of the owned bitcoin accounts are non-active? _____ Are any of the aforementioned in storage? **If yes,** describe the form of storage: _____ _____	☐	☐	☐ ☐ ☐ ☐
4.	When payment is received using bitcoin do you maintain a secure log of the addresses and algorithms to prevent alteration? Does the secure log include the date of receipt and amount transacted?	☐ ☐	☐ ☐	☐ ☐
5.	Is the bitcoin log prepared by an employee who is independent of one who is responsible for the cash conversion process?	☐	☐	☐
6.	How often do you reconcile your bitcoin? _____			☐
7.	Do you maintain a list of employees who are authorized to conduct bitcoin transactions? **If yes,** how often is it revised or updated? _____	☐	☐	☐ ☐
8.	If your employees do not handle your bitcoin transactions, who does? _____ Please describe the controls over these individuals or corporation: _____ _____ _____			☐ ☐
9.	How many bitcoin transactions are conducted on a daily basis? _____			☐
10.	Do you have any prior bitcoin losses? **If yes**, describe the losses: _____ _____	☐	☐	☐ ☐

II. Audit Procedures

	Yes	No	N/A
1. Is your firm audited annually by a certified public accountant? *(Please provide the name of the firm)* _____ _____	☐	☐	☐
2. **If yes,** does the outside auditor review the effectiveness of your internal control procedures?	☐	☐	☐
If yes, does the audit include a review of the business activity of all departments, employees and your bitcoin transactions?	☐	☐	☐
3. Is a report of the outside audit rendered to the board of directors and/or principal of your firm for their review?	☐	☐	☐
4. Does your firm conduct an internal audit at least annually?	☐	☐	☐
If yes, does the internal audit include a review of the business activity of all departments, employees and your bitcoin transactions?	☐	☐	☐

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____   **Title** _____   **Date** _____

Producer Signature _____   **Title** _____   **Date** _____