



Remote Access Toll Fraud Application

Insured _____
 Address _____ City _____ Province _____ Postal Code _____

1. Operations

Description of Operations

Coverage Limit: \$ _____ (\$50,000 Minimum, \$1,000,000 Maximum) Deductible: \$ _____ (10% or more of the Limit)

Proposed Effective Date _____ Proposed Expiration Date _____

2. Loss History

Please describe all remote access telephone fraud losses discovered within the past 6 years Check here if none

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Total Amount of Loss	Amount Paid By Insurance
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Describe all preventative measures taken for each occurrence to prevent future losses of similar type

Date of Occurrence	Measures Taken

Have you been contacted by any long distance carrier regarding possible abuse of your telephone system? Yes No

Please explain

3. Telephone Equipment

Please list each PBX system that is to be considered for coverage, along with the following

Location	Manufacturer	Installer	Number of Extensions

4. Internal Controls

Yes

No

1. Feature Access

a. Who is responsible for creating, maintaining, and monitoring the system passwords and what is their title?

b. Is off system forwarding allowed on system? Yes No

c. How may PBX's include the Direct Inward System Access (DISA) feature? _____
 How many users are authorized to access the system? _____
 How many passwords exist per location? _____
 How often are passwords changed? _____

d. Is trunk to trunk access blocked? Yes No

If no, under what conditions?

2. Station/Class Of Service Configuration

a. Please indicate the percentage of total calls for the following

Extension only _____% Local _____%
 Domestic long distance _____% International _____%

b. Is service restricted in certain area codes? Yes No

If yes, which area codes are affected?

3. Voicemail And Modem Policy

a. Do you have the voicemail feature? Yes No

If yes:

How many extensions have access? _____

PBX system Is it a stand alone unit

b. Who creates the access passwords and what is their title? _____

What is the minimum number of digits required for a password? _____

c. How often are voicemail passwords changed? _____

d. Do you have unassigned voicemail boxes in your system? Yes No

e. Is the transfer out feature restricted to internal extensions only? Yes No

f. Is call forwarding restricted on these extensions? Yes No

If no, please explain.

g. Do inbound modems have a security controller with password protection? Yes No

4. Maintenance

a. Do you have a corporate telecommunications department? Yes No

If yes, does the telecommunications department oversee and advise the locations listed above regarding the telephone system? Yes No

b. Who is responsible for maintaining the PBX system and what is their title?

4. Internal Controls *(continued)*

Yes **No**

5. Bill Review

a. Is each location responsible for bill review and payment?
If no, does the corporation review the bills?
 How often are the bills reviewed? _____
If any documentation of these reviews is available, please attach.

b. Does each system have the call detail recording (CDR) feature?
If yes, how often is this information reviewed? _____

6. System Access

a. Who is responsible for creating, maintaining and monitoring database access passwords and what is their title?

b. Was the PBX system default password changed after installation?

c. How often is the PBX password database verified? _____

d. How often are the PBX system passwords changed? _____

e. Are system passwords configured with a combination of alpha/numeric characters?
 How many characters? _____

f. Are the password lists kept in a secure place?

g. Is remote access to PBX maintenance ports protected by a security controller?

h. Do you limit the number of invalid password attempts?
If yes, how many? _____

i. Do you utilize port control systems that would detect unusual activity?

j. Is the PBX switch room protected by a security card system?

k. Is there "real time" monitoring of your system to detect activity outside of normal call profiles?

l. Please describe any other safeguards we should be aware of when considering your quote request:

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.

This document was issued or made by the Company in the course of its insurance business in Canada.

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

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