



Remote Access Toll Fraud Application

Insured _____

Address _____

City _____ State _____ Zip _____

1. Operations

Description of Operations

Coverage Limit: \$ _____ Deductible: \$ _____
(*\$50,000 Minimum, \$1,000,000 Maximum*) (*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?

☐☐

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?

☐☐**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?

☐☐**If yes**, which area codes are affected?**3. Voicemail And Modem Policy**

a. Do you have the voicemail feature?

☐☐**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?

☐☐

e. Is the transfer out feature restricted to internal extensions only?

☐☐

f. Is call forwarding restricted on these extensions?

☐☐**If no**, please explain.

g. Do inbound modems have a security controller with password protection?

☐☐**4. Maintenance**

a. Do you have a corporate telecommunications department?

☐☐**If yes**, does the telecommunications department oversee and advise the locations listed above regarding the telephone system?☐☐

4. Internal Controls *Continued***Yes****No**

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

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:

Fraud Statements

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Statements Continued

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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

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