



Application For A Computer Crime Policy For Financial Institutions

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 _____

in the Aggregate Limit of Liability of \$ _____ Date Insured was Established _____

Name of Prior Carrier _____

1. Description of Organization

1. Insured is a (check the appropriate box)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> Savings Bank | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Savings and Loan Association |
| <input type="checkbox"/> Stockbroker | <input type="checkbox"/> Investment Banker | <input type="checkbox"/> Finance Company | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Other _____ | | | |

2. For all Insureds, show the total number of:

No. of

- | | |
|---|-------|
| a. Salaried officers, employees and persons provided by employment contractors | _____ |
| b. Locations (other than the Home Office of the first Named Insured) in the U.S., Canada Puerto Rico and Virgin Islands | _____ |
| c. Locations outside of the U.S., Canada, Puerto Rico and Virgin Islands | _____ |

2. Computer System Fraud Coverage

Yes No

a. Single Loss Limit \$ _____ Single Loss Deductible \$ _____

b. Insured's Computer System(s)

For the Computer System(s) you operate, whether owned or leased, complete the following:

- Number of independent software contractors authorized to design, implement or service programs for your System(s)

- Is access to your System(s) by customers, or other outside parties, other than by Automated Teller Machines, permitted (e.g. by computer, terminal or touchtone telephone key pad, etc.)? ☐ Yes ☐ No
- Number of Automated Teller Machines _____

c. Other Computer System(s)

1. Check if coverage is desired for:

Automated Clearing Houses using Federal Reserve Computer facilities

- ☐ CHIPS ☐ SWIFT ☐ Fed Wire

2. List below other Computer System(s) for which coverage is desired: (For Automated Teller Machine Systems, complete Item 3 below.)

Computer System(s):

3. List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s):

d. Is coverage desired for Tested telex or other similar means of Tested Communication? ☐ Yes ☐ No

3. Optional Coverages

	Yes	No	Single Loss Limit	Single Loss Deductible
a. Is Data Processing Service Operations Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
b. Is Voice Initiated Transfer Fraud Coverage desired? If yes, what is the dollar amount of the call back threshold to the originator of the instruction? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
c. Is Telefacsimile Transfer Fraud Coverage desired? If yes, what is the dollar amount of the call back threshold to the originator of the instruction? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
d. Is Destruction of Data or Programs by Hacker Coverage desired? If yes, is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
e. Is Destruction of Data or Programs by Virus Coverage desired? If yes, is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
f. Is Voice Computer Systems Coverage desired?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

4. Previous Insurance

	Yes	No
Has any insurance similar to the kinds provided under this policy been declined or canceled during the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____		

5. Loss History

List all losses sustained during the past three years, whether reimbursed or not, from _____ to _____
month/day/year month/day/year

☐ Check if none

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state location

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.

Fraud Statements *Continued*

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.

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** _____