



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 _____ Province _____ Postal Code _____

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)

- Commercial Bank
 Insurance Company
 Credit Union
 Finance Company
 Stockbroker
 Investment Banker
 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 Canada, the U.S., Puerto Rico and Virgin Islands | _____ |
| c. Locations outside of the Canada, the U.S., 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

CDS
 CDCC
 SWIFT
 Bank Wire
 Other: _____

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? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>

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

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 _____