



Fraudulently Induced Transfers Under the Crime Protection Policy – Supplemental Application

All sections must be completed for each new policy and at the beginning of each premium period for renewal policies.

Application is hereby made by (List all Insureds) _____

Principal Address _____

City _____ Province _____ Postal Code _____

Insuring Agreement	Limit of Insurance	Deductible Amount
Coverage for Fraudulently Induced Transfers	\$ _____	\$ _____
Policy Effective Period _____	to _____	

1. Internal Controls - Customers and Vendors

	Yes	No
a. Do you have procedures to verify the identity and authenticity of new customers and vendors before entering into transactions with them? If yes , explain your screening procedures for new customers and vendors _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you accept funds transfer instructions from customers and vendors over the telephone, fax, email or some other electronic communications method? If yes , please describe your procedures to authenticate the instructions _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you verify all requests made by the Customer and Vendors to establish or change the transfer funds procedures by calling back the Customer and Vendor at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>
d. Please describe the verification details and fraud training awareness procedures you have in place to authenticate the identity of the requester and verify the establishment of/or revisions to payment instructions. _____		

2. Internal Controls - Employees

	Yes	No
a. Do you accept funds transfer instructions from your employees, officers and owners over the telephone, fax, email or some other electronic communications method? If yes , please describe your procedures to authenticate the instructions _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you verify all requests to transfer funds made by an employee, officer or owner by calling back the employee, officer or owner at the telephone number listed in your company directory?	<input type="checkbox"/>	<input type="checkbox"/>
c. Please describe the verification details and fraud training awareness procedures you have in place to authenticate the identity of the requester and verify the establishment of/or revisions to payment instructions. _____		

3. Loss Experience

List all losses due to Fraudulent or Dishonest Acts that would be covered by this policy, as well as all incidents involving Fraudulently Induced Transfer Fraud claims, paid or unpaid by insurance, over the last 5 years. Check if No Losses

Date of Loss	Description of Loss	Total Amount of Loss	Amount Paid by Insurance	Corrective Measures

The undersigned officer of the application declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements set forth in this application for insurance, including any supplements or materials made part of this application, are true and complete and may be relied upon by Great American Insurance. If any information in this application, or any supplements or materials submitted therewith, changes prior to the inception date of the policy that Great American Insurance may issue to the applicant the applicant will notify Great American Insurance and Great American Insurance may modify or withdraw any outstanding quotation. It is agreed that this application, including any supplements or materials made part of this application, will be the basis of insurance, and that Great American Insurance will have relied upon this application, including any supplements or material made part of this application, in issuing the policy.

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

Dated at _____ this _____ day of _____, 20____
Insured _____ By (Name and Title) _____