



Application for a Computer Crime Policy for Financial Institutions

This form must be completed for each new policy and at each premium anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

Application is hereby made by _____
(List all Insureds)

Principal Address _____ City _____ State _____ Zip Code _____

(herein called Insured) for a Computer Crime Policy for Financial Institutions to become effective as of 12:01 a.m. on _____

to 12:01 a.m. on _____ in the Aggregate Limit of Liability of \$ _____

Date Insured was established _____ Name of prior carrier _____

1. Insured is a (check the appropriate box):

| | | |
|--|--|---|
| <input type="checkbox"/> Commercial Bank | <input type="checkbox"/> Savings Bank | <input type="checkbox"/> Savings and Loan Association |
| <input type="checkbox"/> Credit Union | <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. Number of locations outside the U.S., Canada, Puerto Rico and Virgin Islands. | _____ |

3. Requested Coverages

| Form of Coverage | Yes | No | Single Loss Limit | Deductible |
|---|--------------------------|--------------------------|-------------------|------------|
| a. Is Computer to Computer Systems Fraud – Access Credentials – Commercial Accounts Coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| b. Is Computer to Computer Systems Fraud – Access Credentials – Consumer Account Coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| c. Is Computer to Computer Systems Fraud Coverage – Hacker or Interloper Coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| d. Is Fraudulent Transfer Instructions Coverage desired? If yes , what is the dollar amount of the verification threshold to the originator of an instruction? \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| e. Is Fraudulently Induced Transfer Coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |

4. Underwriting Information

Yes No

a. Insured's Computer Systems(s)

For the Computer System(s) you operate or to which you control access, whether owned or leased by you or housed and maintained by a third party service provider, complete the following:

1. Number of independent software contractors authorized to design, implement or service programs for your System(s) _____
2. Is access to your System(s) by customers, agents, brokers or other outside parties permitted (e.g. web portal or touchtone telephone key pad, etc.)? Yes No

b. Other Computer Systems

1. Check if coverage is desired for:
 - Automated Clearing Houses using Federal Reserve Computer facilities Fed Wire
 - CHIPS SWIFT
2. List below other Computer System(s) for which coverage is desired:

c. Computer Controls

1. How often are employees required to change their computer passwords? _____
2. Do you change passwords when employees leave the company? Yes No
3. Is transmitted data encrypted? Yes No
4. Do you utilize port security that detects unusual activity? Yes No
5. Do you have written guidelines for employee regarding Internet usage? Yes No
6. Is your computer system protected by firewalls? Yes No
7. Do you use intrusion detection software? Yes No
8. Do you maintain a firewall log? Yes No
9. Do you use anti-virus software? Yes No
10. Do you provide employees with remote access to your computer system? Yes No
11. Describe how you verify the identity and access authority of the outside parties (customers, contractors, vendors, etc.). _____

12. Describe how you control access by outside parties (passwords, biometrics, etc.). _____

13. Do you back up your computer data? Yes No
14. Do you have security audits of your computer systems performed on a regular basis? Yes No
15. Has your computer system ever been invaded by a hacker, interloper or virus? Yes No
Please provide details and describe what controls have been implemented to prevent attacks in the future.

4. Underwriting Information *Continued*

Yes No

d. Controls – Wire Transfers

1. Do you have procedures to verify the identity and authenticity of new vendors before entering into transactions with them? Yes No

If yes, explain your screening procedures for new vendors. _____

2. Indicate whether you implement the following specific procedures:

- i. Investigate new vendors through a credit reporting agency. Yes No
- ii. Verify and confirm the vendor's bank account information (*account numbers, routing numbers, bank name and address*) by calling the bank directly. Yes No
- iii. Verify any request to change the vendor's bank account information by calling the vendor at a telephone number previously provided by the vendor. Yes No
- iv. Verify and confirm that the amount requested to be transferred equals the amount due to the vendor. Yes No
- v. Require review of any changes of the vendor's bank account information (*account numbers, routing numbers, bank name and address*) by a supervisor before the change is made in your records. Yes No
- vi. Require vendors to maintain a crime insurance and cyber liability insurance policy. Yes No

3. Do you accept funds transfer instructions from vendors over the telephone, fax, email or some other electronic communications method? Yes No

If yes, please describe your procedures to authenticate the instructions. _____

4. Do you accept funds transfer instructions from your employees, officers and owners over the telephone, fax, email or some other electronic communications method? Yes No

If yes, please describe your procedures to authenticate the instructions. _____

5. Do you verify any request 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? Yes No

- a. Is there a written policy or protocol regarding wire transfers? Yes No
- b. Is there a segregation of duties when effecting a wire transfer? Yes No
- c. What is the average monthly number of fund transfers? _____
- d. What is the largest single amount that can be transferred? _____
- e. Do all your employees receive training on social engineering or phishing scams? Yes No
- f. Do wire transfers to an account outside the United States require review and approval by a supervisor? Yes No
- g. Is the authority to execute wire transfers limited to specified employees? Yes No

5. Declined or Cancellations

Yes No

- a. Has any insurance similar to the kinds provided under this policy, been declined or canceled during the past three years? Yes No

If yes, explain:

6. Loss History

List all losses sustained in the past three years for any insurance similar to the kinds provided under this policy, whether reimbursed or not, from _____ to _____
(month, day, year) (month, day, year)

Check if No Losses

| 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 |
|--------------|--------------|----------------|---------------------------------|--|------------------------|--|
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

Dated at _____ this _____ day of _____, 20 _____

Insured _____ Name _____ Title _____