Comprehensive Asset Protection Policy Questionnaire

Application is hereby made by _____

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address _____ City _____ State _____ Zip _____

Website _____ Policy Effective Period _____ To _____

1. Description of your organization

		Yes	No
a.	Do you or any of your subsidiaries operate in any capacity differently than what has already been reported?	☐	☐

If yes, please provide details. If necessary, please attach response on a separate page.

2. Classification of Employees and Locations

Total

Employees	U.S.	Canada	Foreign	Grand Total
Locations	U.S.	Canada	Foreign	Grand Total

(Definition of employee includes all full time, part time, students/interns and temporary employees)

3. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years

☐ **Check here if none**

				Claim Status	
Date of Occurrence	**Type/Description of Occurrence or Claim**	**Date of Claim**	**Gross Loss**	**Open**	**Closed**
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Comments/Corrective Action Taken – If necessary, please attach response on a separate page.

4. Cryptocurrency

		Yes	No
a.	Do you own, hold or accept as payment any form of cryptocurrencies?	☐	☐

If yes, please provide a list of all crypotcurrencies and their current values on a separate page.

If no, please skip questions b. through g.

b. How are these secured?

☐ In a wallet ☐ exchange ☐ hot *(connected to the internet)* ☐ cold *(not connected to the internet)*

4. Cryptocurrency *Continued*

		Yes	No
c.	Please describe the form of cold storage.		
	Is a qualified third-party custodian responsible for holding your cryptocurrencies in cold storage?		
	Please provide details on a separate page.	☐	☐
d.	Please provide a detailed description of the form of hot storage and what controls are in place to avoid a loss.		
e.	Do you maintain a secure log for every transaction including address, keys and algorithms?	☐	☐
	Does this log include the date of receipt and the amount transacted?	☐	☐
f.	Do you have segregation of duties for the logs and employees who handle the cryptocurrencies?	☐	☐
g.	What audit procedures are in place and how often do you do a reconciliation of the cryptocurrencies?		
h.	If you are not currently using cryptocurrencies do you anticipate using them in the current policy period?	☐	☐
	If yes, provide detailed information on which ones, and storage controls on a separate page.		

5. Fraudulently Induced Transfer

		Yes	No
a.	Do you verify the legitimacy of all requests made by the following to establish or change the transfer funds *(banking instructions)* procedures by calling them back at a predetermined telephone number:		
	1. Customers	☐	☐
	2. Vendors	☐	☐
	3. Employees	☐	☐
	(employees also include any employee or owner at any level requesting either a change in funds transfer instructions or new funds transfer instructions, for whatever reason).		
b.	**If no**, please provide detailed information on the procedures and controls you have in place to avoid a loss. If necessary, please attach response on a separate page.		
c.	Do you conduct periodic phishing tests on all employees?	☐	☐

6. Valuable Metals

		Yes	No
a.	Do you handle, store or use for manufacturing, valuable or precious and/or non-precious metals, stones or other high value materials?	☐	☐
	If no, please skip questions b. through e.		
b.	Please provide average value _____ and maximum value _____ for each location.		
c.	Please provide details as to how these materials are secured, inventoried and audited.		
d.	How are scrap materials accounted for? _____		
e.	Any type of mining?	☐	☐
	If yes, please complete our Valuable Metals Questionnaire *(available upon request)*.		

Fraud Statements

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly *(or willfully)** presents a false or fraudulent claim for payment of a loss or benefit or 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. **Applies in MD Only.*

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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 FL and OK: 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)**. **Applies in FL Only.*

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and 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 *(not to exceed five thousand dollars and the stated value of the claim for each such violation)**. **Applies in NY Only.*

Applicable in ME, TN, VA and 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 denial of insurance benefits. **Applies in ME Only.*

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 OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

Applicant Signature _____   Title _____   Date _____

Producer Signature _____   Title _____   Date _____