

Cyber Crime Supplemental Application – Electronic Funds Transfers

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE APPLICATION FOR THE POLICY INDICATED BELOW. IT IS SUBJECT TO THE SAME TERMS AND PROVISIONS INCLUDED IN THAT APPLICATION, INCLUDING THOSE CONCERNING REPRESENTATIONS MADE AND STATE FRAUD WARNINGS.

1.	Proposed Named Insured (Applicant):	
2.	Policy Applied For:	
3.	Policy No.:	
4.	Does the Applicant require that requests to transfer of funds by wire, bank-to-bank, or other electronic funds transfer be accompanied by supporting documentation, such as an invoice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	For such requests, does Applicant confirm the identity of the requestor and authenticity of payment instructions by telephone with the requestor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, is the validity of the telephone number confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	What other steps are taken to confirm the identity of the requestor and authenticity of payment instructions?	
6.	Does Applicant have a dual payment approval process for such transfers, and effective separation of authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does the Applicant have transaction limits in place for such transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Does Applicant train employees on detecting and responding to social engineering methods, including those used in the context of electronic funds transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does the Applicant have security procedures in place for electronic funds transfers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are they automated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	How often does Applicant transfer funds by any electronic funds transfer method?	
11.	What is the average amount of an electronic funds transfer?	

FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.
 (Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA and WV).**

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.

Cyber Crime Supplemental Application – Electronic Funds Transfers

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 VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Supplemental Application must be signed by an authorized partner, officer or other principal of the Named Insured.

By signing this Supplemental Application, the Insured represents, after conducting due diligence, that:

- 1. The statements in this Supplemental Application furnished to the Company are accurate and complete;**
- 2. Those statements furnished to the Company are representations the Named insured made on behalf of all Insureds;**
- 3. Those representations are a material inducement to the Company to provide an endorsement for Cyber Crime Coverage on the Policy.**

Signature of authorized representative of Insured

Title

Type / Print name of authorized representative

Date

E-mail Address