

FRAUDULENT IMPERSONATION SUPPLEMENTAL



Entity Name

Date

Limit Requested:	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	
Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000

If in GA or NY, please complete the coverage requested and verification requirement sections below.

Coverage Requested for:

<input type="checkbox"/> Employees Only	<input type="checkbox"/> Vendors / Customers Only	<input type="checkbox"/> BOTH employees AND vendors/customers
---	---	---

Verification Requirements (precondition of coverage):

Note - The insured must maintain Verification records in the event of a claim.

<input type="checkbox"/> All Transfers	<input type="checkbox"/> All Transfers over \$ _____
--	--

Internal Controls - All states - MUST complete

Do you have procedures in place to verify new employees, or vendors and customers prior to initiating any financial transactions with them? Check all that apply.

	Employees	Vendors / Customers
<i>Credit/background check, or D&B Report</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bank Account information</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Confirmation of physical location</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (specify): _____</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you verify all requested Fund Transfer AND account change instructions (such as bank account, routing number, contact information) with a direct phone call to an authorized representative, at a phone number provided prior to initiating financial transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Are call backs made by someone other than the employee who received the instruction?	<input type="checkbox"/>	<input type="checkbox"/>
Are these requested changes or instructions approved by a next level officer, manager or supervisor prior to processing?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been fraudulently persuaded to part with any assets due to phishing, spear phishing, or other fraudulent impersonation pretense?	<input type="checkbox"/>	<input type="checkbox"/>

**If "Yes", please provide an attachment to this application including the following:*

- | | |
|--|--|
| <ul style="list-style-type: none"> Date of loss Amount of loss Details of the event | <ul style="list-style-type: none"> What corrective measures have since been implemented Were any controls circumvented or not in place |
|--|--|

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE

DATE