



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 _____ State _____ Zip Code _____

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

1. Internal Controls - Customers

	Yes	No
a. Do you have procedures to verify the identity and authenticity of new customers before entering into transactions with them? If yes , explain your screening procedures for new customers _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you accept funds transfer instructions from customers 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 any requests made by the Customer to establish or change the transfer funds procedures by calling back the Customer at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

2. Internal Controls - Vendors

	Yes	No
a. Do you have procedures to verify the identity and authenticity of new vendors before entering into transactions with them? If yes , explain your screening procedures for new vendors _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you accept funds transfer instructions from 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 any requests made by the vendor to establish or change the transfer funds procedures by calling back the vendor at a predetermined telephone number?	<input type="checkbox"/>	<input type="checkbox"/>

3. 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 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?	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 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 _____ By (Name and Title) _____