**Fraudulently Induced Transfer Supplemental Application**

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| Nearly all Fraudulently Induced Transfer losses arise from one or more of your employees being tricked into believing that a request to  |
| modify account information, transfer funds or initiate a payment to a third party is genuine. The fraudster may use hacked legitimate  |
| email addresses, email addresses designed to look real but which actually contain anomalies, phone calls or even in-person meetings to  |
| Impersonate a client, vendor or another employee. These questions are designed to help Intact Public Entities understand the extent  |
| to which your organization is prepared to defend against these types of frauds.  |
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| **NOTE:**  | **This application must be completed in addition to the Comprehensive Dishonesty, Disappearance and Destruction** |
|  | **All sections must be completed** |
|  | **Answers must be provided for all entities, including subsidiaries that are shown on (or proposed for)** |
|  | **the crime insurance coverage to which this Fraudulently Induced Transfer coverage is being requested** |
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| **General Information** |
| Policy Number  |       |
| Legal Name of Applicant |       |
| Mailing Address |       | Postal Code |       |
| Key Broker Contact |       |
| Brokerage Name |       |
| Phone  |       |  | Email  |       |
| Applicant’s operations (including activities, programs, events, U.S. or International exposures) |
|       |
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| **Limits of Insurance Requested**  |
| $10,000 | [ ]  | $25,000 | [ ]  | $50,000 | [ ]  | $100,000 | [ ]  | Over $100,000 indicate limit | $ |       |
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| **Personnel Information**  |
| Please indicate the number of people (including volunteers) that handle money, have signing authority and are responsible for wire transfers |       |
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| **Fraudulently Induced Transfer Procedures**  |
| Are all employees who are responsible for authorizing and executing payments or funds transferrequests provided anti-fraud training?  | YES |       | NO |       |
| Are all employees who are custodians of or have access to sensitive/private information provided anti-fraud training?  | YES |       | NO |       |
| Does the anti-fraud training include fraudulently induced transfer losses, phishing, masquerading, and other types of fraud schemes?  | YES |       | NO |       |
| Is there a formalized process in place which an employee can flag or otherwise bring to the attention of management potential fraudulently induced transfers or other types of fraudulent activity (e.g. phone hotline, dedicated reporting email address, intranet based reporting)? | YES |       | NO |       |
| If "YES", please describe the procedures |
|       |
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| **Vendor or Supplier Controls**  |
| Are there procedures in place to verify the authenticity of all new vendors prior to transacting business with them?  | YES |       | NO |       |
| If "YES", please describe the procedures |
|       |
| Are there procedures in place to verify the authenticity of invoices and other payment requests received from a vendor? | YES |       | NO |       |
| Is every request to change vendor or supplier account information (including all bank account information, invoice changes, telephone or telefacsimile numbers, location and contact information) confirmed prior to implementation by a direct call to the vendor or supplier using only the telephone number provided by the vendor or supplier before the change request was received? | YES |       | NO |       |
| Are all changes to the vendor or supplier information required to be approved by a second, next-level person prior to the change being made? | YES |       | NO |       |
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| **Client Controls**  |
| Are there procedures (e.g. credit/background checks, physical location information, bank account information) in place to verify the authenticity of all prospective clients prior to providing any goods or services?  | YES |       | NO |       |
| If "YES", please describe the procedures |
|       |
| Are these procedures (noted above) used without exception? | YES |       | NO |       |
| If "NO", provide full details |
|       |
| Do you have custody or control over any funds or money belonging to any of your clients, including but not limited to escrow or trust accounts?  | YES |       | NO |       |
| If "YES", provide full details regarding the nature of the control or custody and the oversight procedures associated with protecting such funds or money: |
|       |
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| **Funds Transfer Procedures** |
| Does your company transfer funds by | Wire |       | Internet |       | Voice |       | Other |       |
| If "Other" please specify  |       |
| If any of the methods above have been checked, for each item please state the following:  |
|  |  | Wire |  |  | Internet |  |  | Voice |  |  | Other |
| Estimated frequency |  |       |  |  |       |  |  |       |  |  |       |
| Average dollar amount of each transfer | $ |       |  | $ |       |  | $ |       |  | $ |       |
| Maximum dollar amount of any one transfer | $ |       |  | $ |       |  | $ |       |  | $ |       |
| Are there procedures in place to ensure that all payment or funds transfer requests are authentic?  | YES |       | NO |       |
| Do payments or funds transfers require dual authorization at all times?  | YES |       | NO |       |
| If "NO” provide full details  |
|       |
| For transfers requested by any internal company source do you require approval by the supervisor (of the person who received the transfer request) before the transfer is acted upon?  | YES |       | NO |       |
| Is the authority to make electronic funds transfers (wire transfers, ACH payments, etc.) limited by the amount of each transfer? |  |  |  |  |
|  | Example: $250,000.00 is initiated by one employee and approved by a separate employee; $500,000.00 initiated and approved by two separate Employees; $1,000,000.00 or more initiated and approved by a senior officer such as the CEO, President, CFO, etc.)  | YES |       | NO |       |
| If "YES", provide the following details  |
| What dollar amounts require additional approval before a transfer can be made  | $ |       |
| What are the positions at each level  |
|       |
| Who must approve the transfer (indicate positions)  |
|       |
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| Describe any other procedures or controls in place to minimize the frequency or severity of a potential fraud loss  |
|  | Example: Limitations on the number of transfers a person may make in a given time period, maximum dollar value a person may transfer in a given time period, use of third party software etc. |
|       |
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| **Losses** |
| Provide details of all losses in the past six (6) years for all entities under the terms of this coverage (whether or not insured)  |
| Check if none |       |  |
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| Date of Loss | Amount of Loss | Description of Loss(add sheet if necessary) | Corrective Measure(s) Taken(add sheet if necessary) |
|       | $ |       |       |       |
|       | $ |       |       |       |
|       | $ |       |       |       |
|       | $ |       |       |       |
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| **Applicant Acknowledgement**  |
| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein |
| are true. Signing of this application does not bind the Insurer to offer, nor the applicant to accept Insurance, but, it is agreed that this form |
| shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.  |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy  |
| legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and  |
| related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit |
| businesses results and/or comply with regulatory or legal requirements. |
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| **Applicant Name** |       | **Title/Position** |       |
| **Applicant Signature** |       | **Date** |       |
| **Broker Name** |       |  |
| **Broker Signature** |       |  |