

Crime Insurance

Supplemental Questionnaire A - Fraudulent Impersonation



Name of **Applicant**:

Address:

The term **Applicant** means the **Policyholder** and its **Subsidiaries**.

The term **Customer** means an entity or individual to whom the **Insured** sells goods or provides services under a written contract.

The term **Vendor** means an entity or individual from whom the **Insured** purchases goods or receives services under a written contract.

The term **Employee, Manager, and Member** have the same meaning in this Supplemental Page as in the policy

1. INTERNAL CONTROLS - EMPLOYEES

- a. Does the **Applicant** accept funds transfer instructions from **Employees, Managers and Members** over the telephone, email, text message, fax, or similar method of communication? No Yes

If yes, please describe the procedures utilized to authenticate the instructions prior to acting on the request:

- b. Are funds transfer instructions made by an **Employee, Manager or Member** verified by calling back the requestor at the telephone number listed in the **Applicant's** company directory? No Yes

If No, please describe in detail the verification procedure followed to ensure that the request is authentic:

- c. Are the employees responsible for executing wire transfers provided fraud awareness training that includes detection of social engineering, phishing and other schemes and scams? No Yes

If Yes, please describe the method and frequency of training:

- d. Do wire transfers to an account outside the United States require review and approval from a supervisor or next level approver? No Yes

- e. Are international and domestic funds transfer procedures performed consistently across all business units? No Yes

If "No" please explain any differences in an attachment to this questionnaire.

2. CUSTOMER CONTROLS (Explain any "NO" answer by attachment.)

- a. Prior to initiating any financial transactions with a new **Customer**, are the following procedures verified to confirm the identity and authenticity of the new Customer:

- i. Credit/background check, including D&B Report or similar report? No Yes
- ii. Bank account verification (name, address, contact info matching customer file)? No Yes
- iii. Confirmation of physical address? No Yes
- iv. Other (please describe) No Yes

- b. Does the **Applicant** accept funds transfer instructions from **Customers** over the telephone, email, text message or similar method of communication? No Yes

If "Yes", prior to complying with the instruction please explain what authentication procedures are followed:

3. VENDOR CONTROLS (Explain any "NO" answer by attachment.)

- a. Does the **Applicant** verify all **Vendor** bank accounts by a direct call to the receiving bank, prior to being established in the **Applicant's** accounts payable system? No Yes
- b. Does the **Applicant** confirm all changes to **Vendor** details (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the **Vendor** before the request was received? No Yes
- c. Does the **Applicant** send all confirmations of changes requested by the **Vendor** to a person independent of the requestor of the change, with any changes being implemented only after the **Vendor** has the opportunity to challenge them? No Yes
- d. Does the **Applicant** require review of all changes to **Vendor** records by a supervisor or next level approver prior to processing any change to the record? No Yes
- e. Are reports generated showing any changes to the **Vendor** list?
If "yes", how often are the reports generated? No Yes
- f. Is this report reviewed by someone without authority to make the changes?
If yes, by whom and how often? No Yes
- g. Does the **Applicant** require by contractual agreement that all **Vendors** maintain crime insurance covering the **Applicant's** money or securities when it is in the **Vendor's** care, custody or control? No Yes
- h. Are there procedures in place to verify invoices and other payment requests received from the **Vendor** prior to making payment? No Yes

4. LOSS EXPERIENCE

List all crime losses discovered by the **Applicant** in the last six (6) years**:

Check if none:

Date of Loss	Description of Loss	Total Amount of Loss	Amount paid by insurance	Date Paid
		\$	\$	
		\$	\$	
		\$	\$	

** Please attach a description of the corrective measures taken to mitigate future losses of this type.

SIGNED BY THE RISK MANAGER, IN-HOUSE GENERAL COUNSEL OR SENIOR OFFICER OF THE **APPLICANT** ACTING AS THE AUTHORIZED REPRESENTATIVE FOR PURCHASING INSURANCE.

SIGNATURE: _____

NAME & TITLE: _____

DATE: _____