

The term **Applicant** means all corporations, organizations or other entities, including subsidiaries and Employee Benefit Plans subject to ERISA, that are proposed for the crime insurance coverage to which Social Engineering Fraud coverage is requested to be attached. Wherever the term 'Applicant' is used in this application, the question is also applicable to services provided by any Community Association Management Organization.

PAYMENT INSTRUCTIONS means instructions received by the **APPLICANT**, conveyed in writing or electronically, for the payment, transfer, disbursement or other conveyance of funds or property, including check requests and check mailing instructions, Federal Reserve FedWire or FedNow transfer instructions, The Clearing House ACH transfer instructions, or similar electronic payment systems.

NEW OR CHANGED PAYMENT INSTRUCTIONS means any **PAYMENT INSTRUCTIONS** received by the Applicant that have not previously been used successfully to pay, transfer or disburse funds or property owned or held by the **APPLICANT**.

I. GENERAL INFORMATION

1. Name of Applicant:

Mailing Address:	City:	State:	Zip Code:
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2. Does the **APPLICANT** have policies and procedures that require verification of all **NEW OR CHANGED PAYMENT INSTRUCTIONS**? Yes No

Please attach the documentation of the **APPLICANT'S NEW OR CHANGED PAYMENT INSTRUCTIONS** verification policies and procedures. If the **APPLICANT** does not have such verification policies and procedures documented, then the **APPLICANT** is not eligible for this coverage.

3. Does the **APPLICANT** have a call-back policy, which requires an employee, prior to paying, transferring or disbursing funds or property, to obtain verbal verification of any **NEW OR CHANGED PAYMENT INSTRUCTIONS**, by placing an answered outbound telephone call to a number obtained independently from a trusted source, and NOT from an email, fax or verbal communication that came from the person or entity conveying such instruction or requesting payment? Yes No

4. Does the **APPLICANT** have policies and procedures to secure **PAYMENT INSTRUCTIONS**, that have been successfully used in the past, in a secured database? Yes No

Please attach the documentation of the policies and procedures to secure **PAYMENT INSTRUCTIONS** that have been successfully used in the past. If the **APPLICANT** does not have such policies and procedures documented, then the **APPLICANT** is not eligible for this coverage.

5. Who is the individual employed by the **APPLICANT** responsible for ensuring that **PAYMENT INSTRUCTIONS** are held in a secured database and are not compromised? _____

6. Does the Applicant maintain a pre-established list of individuals authorized to approve and initiate **PAYMENT INSTRUCTIONS** transactions requested? Yes No

Please attach the list of individuals authorized to approve these requests, and the dollar amount limit of their approval authority, and the dollar amount at which dual authorization is required.

7. Are there automated email alerts in place on large dollar amounts and/or on a large number of wires going to the same recipient, for **PAYMENT INSTRUCTIONS** transactions approved and/or sent? Yes No

Please attach a description of the automated email alert currently in place and who is responsible to review the alerts and the time frame within which these reviews must be completed.

II. LOSS INFORMATION

Has the Applicant sustained any losses during the past 3 years resulting directly or indirectly from computer fraud or from fraudulent **PAYMENT INSTRUCTIONS**? Yes No

If yes, please complete the following. Attach a separate sheet if more space is needed.

Date of Loss	Total Amount of Loss	Description of Loss and Corrective Action Taken

Any loss, claim or action subsequently emanating from the foregoing facts or circumstances shall be excluded from coverage under the proposed insurance.

III. SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED APPLICATION ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY THE UNDERWRITER. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE UNDERWRITER IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

Signature (President, CEO, or CFO)

Title

Date