

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.

I. GENERAL INFORMATION

1. Name of Applicant:

Mailing Address:	City:	State:	ZIP:
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2. Are all individuals who are responsible for authorizing and executing payments or funds transfer requests for the Insured provided anti-fraud training? Yes No

3. Does the Applicant have procedures for identifying, reporting and handling suspicious phone calls and email messages? Yes No

II. VENDOR CONTROLS

(Attach a separate sheet to this Supplemental Application with an explanation for any "No" answers to questions in this Section II. or if additional space is needed to support the request for the Social Engineering Insuring Agreement.)

1. Does the Applicant have procedures in place to verify the receipt of inventory, supplies, goods or services against an invoice *prior* to making payment to a Vendor? Yes No

2. Does the Applicant or authorized individual have authority to pay vendors without prior board approval? Yes No

a) If yes, is there a dollar threshold that would require board approval? Yes No

b) If yes, what is the amount? \$_____

3. Does the Applicant confirm all change requests regarding Vendor account information (including all bank account information, invoice changes, telephone or telefacsimile numbers, location and contact information) by a direct call to the Vendor using only the existing telephone number provided by the Vendor *prior* to receipt of the change request? Yes No

(If yes, please also answer parts a, b, and c. below): Yes No

a. Does the Applicant refrain from implementing any such change requests until *after* the Vendor has responded to the Applicant's inquiry regarding change request authenticity? Yes No

b. Does the Applicant confirm all such change requests made by a Vendor with an individual (at the Vendor) other than the individual who requested the change? Yes No

c. Are the change requests made by a Vendor approved by individual *other than* the individual who received the change request, *before* it is acted upon? Yes No

III. INTERNAL FUNDS TRANSFER INSTRUCTION CONTROLS

(Attach a separate sheet to this Supplemental Application with an explanation for any "No" answers to questions in this Section III. or if additional space is needed to support responses to the questions.)

1. Does the Applicant maintain a pre-established list of individuals authorized to initiate payment or funds transfer requests for reasons *other than* a Vendor invoice? Yes No

2. Does the Applicant have procedures in place to verify the authenticity of any request for payment or funds transfer received by an authorized individual - from an internal company source (e.g., another employee, Property Manager, or department)? Yes No
If yes, please describe such procedures:
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3. Do payments or funds transfers over a certain amount require authorization by more than one board member? Yes No
If yes, what is that amount? \$
4. Is there a limit on the number of funds transfers (e.g., wire transfers, ACH transfers, etc.) an individual can approve during a specified time period? (24 hours, 48 hours, 72 hours, 1 week, etc.) Yes No
If yes, what is the number of transfers and at what time interval?

IV. LOSS INFORMATION

Has the Applicant sustained any Computer Fraud or Social Engineering Fraud losses during the past 3 years? 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

V. SIGNATURE

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE (PARTNER, PRINCIPAL OR OTHER OFFICER ACCEPTABLE TO STATESIDE) OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED STATESIDE NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY STATESIDE. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY 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 COMPANY 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: _____ Name - Printed _____ Date (mm/dd/yyyy): _____

X
 Title: _____