

# Crime Insurance Supplemental Application - Fraudulent Impersonation Insuring Agreement



## Section I – General Information

The supplemental application is to be completed and attached to:

Commercial Crime Insurance Application CR A 040

Government Crime Insurance Application CR A 050

1. Name of Insured (Applicant): \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Section II – Limit of Insurance and Deductible

Complete the following for Limit and Deductible desired:

1. Limit of Insurance: \$ \_\_\_\_\_
2. Deductible: \$ \_\_\_\_\_

## Section III – Rating Information

Check the appropriate box(es) for the Fraudulent Impersonation Insuring Agreement:

- |  |     |    |
|--|-----|----|
| 1. Employees   | Yes | No |
| a. Verification is required for all transfer instructions                        |     |    |
| b. Verification is required for all transfer instructions in excess of: \$ _____ |     |    |
| c. Verification of transfer instructions is not required                         |     |    |
| 2. Customers and Vendors   | Yes | No |
| a. Verification is required for all transfer instructions                        |     |    |
| b. Verification is required for all transfer instructions in excess of: \$ _____ |     |    |
| c. Verification of transfer instructions is not required                         |     |    |

## Section IV – Underwriting

Attach a separate sheet to explain any “No” answers.

- |  |     |    |
|--|-----|----|
| 1. Customer Controls   |     |    |
| a. Does the Applicant have procedures in place to verify new customers prior to initiating any financial transactions with them? | Yes | No |
| If “Yes,” check all that apply:  |     |    |
| 1. Credit/background check, including D&B Report or similar report   | Yes | No |
| 2. Bank account information  | Yes | No |
| 3. Confirmation of physical location   | Yes | No |
| 4. Other (specify):  |     |    |

- |   |     |    |
|---|-----|----|
| b. Does the Applicant accept prepayment by customers for goods or services to be delivered or performed at a later date?                                      | Yes | No |
| c. Does the Applicant accept funds transfer instructions from customers by telephone, e-mail, text message, telefacsimile or similar method of communication? | Yes | No |

If “Yes,” please describe the communication method(s) by which such transfer instructions are received by the Applicant:

d. Does the Applicant have a procedure in place to verify incoming checks with the issuing financial institution to confirm availability of funds prior to delivering goods or performing services, or transferring funds by wire? Yes No

e. Does the Applicant have custody or control over any funds or accounts of any customer including, but not limited to, escrow or trust accounts? Yes No

If "Yes," please describe:

f. Does the Applicant have access to customers' financial systems (e.g., accounting, payroll, purchasing) or perform bill payment services? Yes No

If "Yes," please describe:

g. Does the Applicant accept funds transfer instructions from customers by telephone, e-mail, text message, telefacsimile or similar method of communication? Yes No

If "Yes," are the instructions verified by a direct call to the customer using only the telephone number provided by the customer before the transfer instructions are received? Yes No

If "Yes," please answer the following:

1. Is the callback made by an employee other than the employee who receives the funds transfer instructions? Yes No

2. Are the transfer instructions verified by the Applicant with the customer by someone other than the person who initiates the funds transfer request? Yes No

If "Yes," does the Applicant refrain from making any funds transfers until after the customer has had the opportunity to respond to the Applicant's inquiry regarding the validity of the funds transfer instructions? Yes No

3. Does the Applicant require that all such funds transfer instructions be approved by a supervisor of the employee receiving the funds transfer request before it is acted upon? Yes No

h. Does the Applicant transfer funds or other property to the customer according to a prearranged procedure established between the Applicant and the customer before making such transfers? Yes No

If "Yes," please describe the procedure:

## 2. Vendor Controls

a. Are background checks performed on vendors in order to determine ownership and financial capability? Yes No

b. Is all vendor bank information verified by a direct call to the receiving bank prior to the account being established in the Applicant's account payable system? Yes No

c. Are there procedures in place to verify invoices and other payment requests received from the vendor prior to making payment? Yes No

d. Are all changes requested by the vendor (including bank account, invoice changes, telephone or FAX numbers, address and other contact information) verified by the Applicant by a direct call to the vendor using only the telephone number provided by the vendor before the request is received? Yes No

If "Yes," please answer the following:

1. Is the callback made by an employee other than the employee who receives the change request? Yes No

2. Are change requests initiated by the vendor verified by the Applicant with someone other than the person requesting the change? Yes No

If "Yes," does the Applicant refrain from implementing such change requests until after the vendor has had the opportunity to respond to the Applicant's inquiry regarding the validity of the change? Yes No

3. Does the Applicant require all change requests by a vendor to be approved by a supervisor of the employee receiving the change request before it is acted upon? Yes No

e. Does the Applicant transfer funds or other property to the vendor according to a prearranged procedure established between the Applicant and the vendor before making such transfers? Yes No

If "Yes," please describe the procedure:

**Person Authorized to Complete this Application for the Insured (Applicant)**

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Producer Information (Required in Florida, Iowa and New Hampshire)**

Producer Name (Print): \_\_\_\_\_ Producer Signature: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

License Number: \_\_\_\_\_