

EFT Guard Application



AmTrust North America
An AmTrust Financial Company

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DATE: _____

EFT GUARD ACCOUNTHOLDER SECURITY POLICY APPLICATION

Section I – Agent / Broker Information

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____

Email: _____ Phone: _____

Primary Contact Address: _____

City: _____ State: _____ Zip Code: _____

Section II – Financial Institution Information

Institution Name: _____

Institution Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____

Email: _____ Phone: _____

Primary Contact Address: _____

City: _____ State: _____ Zip Code: _____

Section III – Account Limits and Deductibles

- | | | | |
|---------------------|------------------------------------|------------------------------------|--------------------------------------|
| Account Limit: | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |
| | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 |
| Account Deductible: | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$15,000 |
| | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |

Section IV – Procedural Information

Program Information

1. What type of electronic payment method is used?
 ACH Origination Wire Transfer
2. How many commercial account customers are authorized to transact online wire and ACH fund transfers pursuant to a written contract with the Applicant? _____

Security Measures

3. Are originators mandated to use anti-virus and anti-malware programs? Yes No
- a. Is a specific type of software required (e.g. Prevx)? Yes No
- If yes, please list:**

4. Is either multifactor ID or layered security used in your payment transfer channel? Yes No
- If yes, indicate which of the following are used:**
 Tokens Dual Controls Out of Band Authentication Other: _____

5. Are verification procedures, such as call backs or PINs/passwords, used to verify all funds transfer requests? Yes No
6. Does the Applicant ensure that transactions originate from the accountholders' location? Yes No
7. Does the Applicant encrypt the accountholders' passwords? Yes No
8. Does the Applicant have a policy in place to change passwords after a set period of time? Yes No

Additional Information

9. Has the Applicant educated their customers about corporate account takeover? Yes No
10. Does the Applicant educate its' employees of warning signs that a theft may be in progress? Yes No
11. Does the Applicant have a signed agreement with each business customer outlining responsibilities of securing the payment system? Yes No
12. Have any of the Applicant's business customers suffered an account takeover during the last three (3) years? Yes No

If yes, please describe the loss, amount taken, amount retrieved and date of loss on a separate sheet and attach.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In Pennsylvania, and subjects such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Print Name: _____ Signature: _____

Title: _____ Date: _____

Submit Application to:
banksubmissions@amtrustgroup.com

AmTrust North America
Attention: Financial Institution Division

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