

## Social Engineering Supplemental Application (Financial Institutions)

### 1. General Information

Name of the Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only):

Organization's mailing address:

Limit requested by the proposed Organizations:

### 2. Anti-fraud training – do the proposed Organizations:

(a) Provide its employees anti-fraud training which specifically includes ways of identifying and avoiding social engineering, phishing, impersonation, or other types of scams? ☐ Yes ☐ No

(b) Have a written manual for anti-fraud training? ☐ Yes ☐ No

If "YES" please provide a copy of the manual

If "NO" please describe the nature/scope of the anti-fraud training:

(c) Have in place a formalized process by which employees can flag or otherwise bring to attention of management potential social engineering or other types of fraudulent activity (e.g. phone hotline, dedicated reporting email address, intranet base reporting)? ☐ Yes ☐ No

### 3. Vendor or supplier controls – do the proposed Organizations:

(a) confirm every request to change vendor or supplier account information (including routing numbers, account numbers, telephone numbers and contact information) by a direct call using only the contact number previously provided by the vendor/supplier before the request was received? ☐ Yes ☐ No

If "YES" are all changes to the vendor or supplier account information required to be approved by a secondary individual prior to the change being made? ☐ Yes ☐ No

(b) send all confirmations of changes requested by the vendor or supplier to a person independent of the requestor of the change, with any changes being implemented only after the vendor/supplier has the opportunity to validate them? ☐ Yes ☐ No

(c) run exception reports, either automatic or manually created, showing all changes to the standing data of vendors or suppliers? ☐ Yes ☐ No

(d) Have procedures in place to verify the legitimacy of new vendors or suppliers prior to transacting business with them? ☐ Yes ☐ No

If "NO" to any of the above questions, please describe the method by which vendor or supplier data is verified by the proposed Organizations:

### 4. Client controls – do the proposed Organizations:

(a) have procedures (e.g. credit/background checks, physical location information, bank account information) in place to verify the authenticity of new clients prior to the Organizations providing any goods or services? ☐ Yes ☐ No

If "YES" please provide procedures:

Are these procedures used without exception? ☐ Yes ☐ No

(b) have custody or control over any funds or accounts of any of its clients, have access to clients' accounting, payroll, purchasing systems, or perform bill payment services, including but not limited to escrow or trust accounts? ☐ Yes ☐ No

If "YES" please provide details:

(c) accept funds transfer instructions from clients over the telephone, email, text message or similar method of communication? ☐ Yes ☐ No

(d) allow prepayment by clients for products or services to be performed at a later date? ☐ Yes ☐ No

If "YES", please provide details:

(e) have procedures to verify incoming checks have fully cleared the issuing financial institution prior to performing services, or wire transfer the funds? ☐ Yes ☐ No

**5. Wire transfer controls – do the proposed Organizations:**

(a) have procedures in place to ensure that all payment of funds transfer requests are authentic? ☐ Yes ☐ No

(b) require that all funds transfers be subject to segregation of duties between initiation and authorization? ☐ Yes ☐ No

If "NO", please explain:

If "YES", is there a specific amount over which dual authorization is required? ☐ Yes ☐ No

If so, what is this amount?

(c) have international and domestic wire transfer procedures performed consistently across all business units? ☐ Yes ☐ No

If "NO", please explain any differences:

**6. For financial institutions only – please complete this section if any of the Organizations are a financial institution:**

(a) Are any of the Organizations a Registered Investment Advisor? ☐ Yes ☐ No

If "YES", are the Organizations' clients (check all that apply):

☐ Individuals ☐ Registered Investment Companies ☐ Private Fund Managers ☐ Family Offices

☐ Other:

(b) Are any of the Organizations a Fund Manager? ☐ Yes ☐ No

If "YES" do the Organizations manage (check all that apply):

☐ Hedge Funds ☐ Private Equity Funds ☐ Venture Capital ☐ Mutual Funds ☐ Pooled Funds

☐ Other:

(c) How many clients do the Organizations have?

(d) How many of the Organizations' clients are individuals?

(e) What are the Organizations' assets under management (\$ amount)? as of

(f) Do the Organizations own or have management control over a broker/dealer? ☐ Yes ☐ No

If "YES", does the broker/dealer carry their own Crime Insurance? ☐ Yes ☐ No

(g) Please describe the process used to authenticate the identity of clients and the validity of any funds transfer instructions (e.g. call back at pre-determined numbers, text message authorization email authorization, voice recognition software, valid test code, test key etc.):

(h) Are there at least two people required at all times to authorize a funds transfer from the Organizations' bank or fund custodian? ☐ Yes ☐ No

If "NO", please provide the process in place:

(i) Are funds transfer reconciled daily? ☐ Yes ☐ No

**7. Loss History**

Has the proposed Organization sustained any Social Engineering losses; whether insured or not in the past three (3) years? ☐ Yes ☐ No

If "YES", please provide full details:

## Declaration for the Application

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The undersigned designated as an officer of the Organization:

- (a) declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet).
- (d) acknowledges that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued.
- (e) agrees that if between the date of this Application and the effective date of the Policy, the statements and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall be form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained within this Application are true and are the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in this Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

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Signature

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Position (Chief Executive Officer, Chairman or General Counsel)

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Date

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Organization