

CRIME SUPPLEMENTAL QUESTIONNAIRE



EMPLOYEE DISHONESTY

Wire Transfer Controls/Fraudulent Impersonation

1. Is approval by more than one person required to initiate a wire transfer? Yes ☐ No ☐
If yes, at what dollar amount? _____
2. What is the average monthly number of fund transfers? _____
3. Are verifications sent directly to a department/person not authorized to initiate transfer? Yes ☐ No ☐
4. Are there independent checks of funds transfer records by employees not authorized to handle such transfers? Yes ☐ No ☐
5. Are there specific arrangements with banks as to those employees of yours authorized to:
 - a) Transfer funds? Yes ☐ No ☐
 - b) Request changes in procedures? Yes ☐ No ☐
 - c) Obtain Records? Yes ☐ No ☐
6. Fraudulent Impersonation:
 - a) Internal/Customer/Vendor Instructions: Do you verify transfer instructions purportedly issued by you, an employee, other management and staff, your vendors, or your customers? If yes, Yes ☐ No ☐
 - ☐ i. All instructions are verified. or
 - ☐ ii. Instructions are verified for all transfer instructions in excess of: \$ _____; or
 - ☐ iii. No requirement of transfer instructions is required.

Computer Controls

1. Do you have an IT Department or Computer Department? Yes ☐ No ☐
2. Are the duties of programmers & operators segregated? Yes ☐ No ☐
3. Are tests performed to detect unauthorized programming changes? Yes ☐ No ☐
4. Do employees have access only to information or programs that allow them to do their job? Yes ☐ No ☐
5. Are passwords required to access sensitive information? Yes ☐ No ☐
6. When Employees change positions and no longer required access to certain information, is access status changed? Yes ☐ No ☐
7. Are computer system access codes and passwords changed at least every 60 days? Yes ☐ No ☐

ACKNOWLEDGEMENT AND SIGNATURE

NOTICE TO APPLICANTS: 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 ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO MAINE APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS. THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.

FOR NEW HAMPSHIRE APPLICANTS ONLY: I REPRESENT THE ABOVE INFORMATION TO BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Named Insured Signature _____

Date _____

Agent/Producer _____

Address _____

License Number _____

ALL STATE LICENSE NUMBERS AVAILABLE AND ON FILE WITH COMPANY