



**SOCIAL ENGINEERING FRAUD COVERAGE
ADDITIONAL INFORMATION REQUEST**

Travelers Casualty and Surety Company of America

The term Applicant means all corporations, organizations or other entities that are proposed for the bond coverage to which the Social Engineering Fraud Insuring Agreement is requested to be attached.

GENERAL INFORMATION

Proposed Named Insured:

| | |
|---------------------------------------|--|
| Proposed Effective Date (mm/dd/yyyy): | Proposed Expiration Date (mm/dd/yyyy): |
|---------------------------------------|--|

QUESTIONS

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

I. VENDOR CONTROLS

1. Does the Applicant have procedures in place to verify the authenticity of invoices and other payment requests received from a vendor? Yes No
2. 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
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 telephone number provided by the Vendor *before* the change request was received? *(If yes, please answer parts a. and b. 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

II. CLIENT CONTROLS

4. Does the Applicant accept payment or funds transfer instructions from a Client relating to a refund or repayment of goods, services or funds held in the Applicant's custody? Yes No
If yes, please describe the communication methods by which such instructions are received (e.g. telephone, e-mail, text message, telefacsimile (fax), general mail, etc.): _____

5. Does the Applicant confirm all payment or funds transfer instructions from a Client by a direct call to the Client using only the telephone number provided by the Client *before* the payment or funds transfer instruction was received? *(If yes, please answer part a. below)?*..... Yes No
 - a. Does the Applicant refrain from making any such payments or funds transfers until *after* the Client has responded to the Applicant's inquiry regarding the authenticity of such payment or funds transfer instruction requests? Yes No

III. INTERNAL FUNDS TRANSFER INSTRUCTION CONTROLS

6. Does the Applicant have procedures in place to verify the authenticity of any payment or funds transfer request received by an authorized employee - from an internal company source (e.g., another employee, subsidiary, location, or department)? Yes No

a. *If yes, please describe such procedures:* _____

b. Are all such procedures performed consistently across all subsidiaries, business units, departments, and locations? Yes No

7. Do payments or funds transfers of a certain amount require dual authorization? Yes No

If yes, what is the amount: _____

8. Does the Applicant require that any payment or funds transfer request made by an internal company source be approved by the Applicant's Supervisor(s) of the individual who received the payment or funds transfer request, *before* it is acted upon? Yes No

9. Is there a limit on the total dollar amount of electronic funds transfers (wire transfer, ACH transfer, etc.) that can be approved by any one employee during a specified time period? (24 hours, 48 hours, 72 hours, 1 Week, etc.)? Yes No

If yes, what is that dollar amount limit and at what time interval: _____

IV. LOSS INFORMATION

10. Has the Applicant sustained any 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 |
|--------------|----------------------|---|
| | \$ | |
| | \$ | |

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

FLORIDA: 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.

KANSAS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, 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 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 subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, 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 include imprisonment, fines, and denial of insurance benefits.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who 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.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida and Iowa.

| | | |
|---|---|----------------------|
| Authorized Representative Signature*: X | Authorized Representative Name - Printed | Date (mm/dd/yyyy): |
| Producer Signature*: X | State Producer License No (required in FL): | Date (mm/dd/yyyy): |
| Agency: | Agency Contact: | Agency Phone Number: |

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer