



Travelers Casualty and Surety Company of America

Claims-Made: The information requested in this Application is for a Claims-Made policy. If issued, the policy will apply only to claims first made during the policy period, or any applicable extended reporting period.

Defense Within Limits: The limit of liability available to pay losses will be reduced and may be exhausted by amounts paid as defense costs.

IMPORTANT INSTRUCTIONS

Under this CyberRisk Coverage, affiliates, other than Subsidiaries as defined in this coverage, are not covered unless the Insurer has agreed specifically to schedule such entities by endorsement.

GENERAL INFORMATION

Applicant Name:

Street Address:

City: State: Zip:

DESCRIPTION OF OPERATIONS

- 1. Does the Applicant make payments to third parties via a wire-transfer system? If Yes, how frequently are such payments made?
2. Does the Applicant provide anti-fraud training, including social engineering, phishing, masquerading, and other fraud schemes, to all employees responsible for authorizing and executing payments or funds transfer requests?
3. Do payments or funds transfers of a certain amount require dual authorization?

VENDOR CONTROLS

- 4. Does the Applicant have procedures in place to verify the receipt of inventory, supplies, goods, or services against an invoice prior to paying a vendor?
5. Does the Applicant confirm all change requests regarding vendor account information (including changes to 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?

CLIENT CONTROLS

- 6. Does the Applicant accept payments or funds transfer instructions from clients relating to a refund or repayment of goods, services, or funds held in the Applicant's custody? If Yes, describe the communication methods by which such instructions are deemed acceptable (e.g. telephone, email, text message, Telefacsimile (fax), general mail, etc.):
7. Does the Applicant confirm all such payments or funds transfer instructions made by clients by a direct call to the client using only the telephone number provided by the client before the payment or funds transfer request was received?

## INTERNAL FUNDS TRANSFER INSTRUCTION CONTROLS

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8. Does the Applicant have procedures in place to verify the authenticity of any payment or funds transfer request made by an internal company source (e.g., another employee, subsidiary, location, or department) and which was received by an employee authorized to initiate such payment or transfer request?

Yes  No

If Yes, describe such procedures: \_\_\_\_\_

If the Applicant answered No to any part of Questions 4, 5, 6, 7, or 8, attach details.

## LOSS INFORMATION

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9. Has the Applicant sustained any Computer or Social Engineering Fraud losses during the past three years?

Yes  No

If Yes, attach details of such, including costs, losses, or damages incurred or paid, any corrective procedures to avoid such incidents in the future, and any amount paid as loss under any insurance policy.

## NOTICE REGARDING COMPENSATION

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For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

## FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

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**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 to defraud or attempt 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 to defraud or attempt to defraud the policyholder or claimant regarding a settlement or award payable from insurance proceeds will 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.

**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 to defraud 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 intending to defraud 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, will incur a felony and, upon conviction, will be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not over \$10,000, or a fixed term of imprisonment for three years, or both penalties. Should aggravating circumstances be present, the penalty established may be increased to a maximum of five years; if extenuating circumstances are present, it may be reduced to a minimum of two years.

**SIGNATURES**

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The undersigned Authorized Representative represents that to the best of his or her knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in NC, may be relied upon by Travelers as the basis for providing insurance. The Applicant will notify Travelers of any material changes to the information provided.

Electronic Signature and Acceptance – Authorized Representative\*

\*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees that use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes acceptance and agreement as if signed in writing and has the same force and effect as a signature affixed by hand.

Authorized Representative Signature: <b>X</b>	Authorized Representative Name, Title, and email address:	Date (month/dd/yyyy):
Producer Name (required in FL & IA): <b>X</b>	State Producer License No (required in FL):	Date (month/dd/yyyy):
Agency:	Agency contact and email address:	Agency Phone Number:

**ADDITIONAL INFORMATION**

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