



SelectOne+®

Computer Crime Policy for Financial Institutions Coverage Application

Travelers Casualty and Surety Company of America

This form must be completed for each new policy and at each premium anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

Application is hereby made by (List all Insureds):

Principal Address: (No.) (Street) (City) (State) (Zip Code) (herein called Insured)

for a Computer Crime Policy for Financial Institutions to become effective as of 12:01 a.m. on

to 12:01 a.m. on in the Aggregate Limit of Liability of \$

Date Insured was established Name of prior carrier

1. Insured is a (check the appropriate box):

- Commercial Bank Savings Bank Savings and Loan Association
Credit Union Stockbroker Investment Banker
Finance Company Insurance Company Other

2. For all Insureds, show the total number of:

No. of

- (a) Salaried officers, employees and persons provided by employment contractors
(b) Locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and Virgin Islands
(c) Number of locations outside the U.S., Canada, Puerto Rico and Virgin Islands

Single Loss Limit Single Loss Deductible

3. Computer Systems Fraud Coverage \$ \$

(a) Insured's Computer System(s)

For the Computer System(s) you operate, whether owned or leased, complete the following:

(1) Number of independent software contractors authorized to design, implement service programs for your System(s)

(2) Is access to your System(s) by customers, agents, brokers or other outside parties other than by Automated Teller Machine, permitted (e.g. by computer, terminal or touchtone telephone key pad, etc.)? Yes No

(3) Number of Automated Teller Machines

(b) Other Computer Systems

(1) Check if coverage is desired for:

- Automated Clearing Houses using Federal Reserve Computer facilities
Fed Wire CHIPS SWIFT

(2) List below other Computer System(s) for which coverage is desired: (For Automated Teller Machine Systems, complete item (3) below.)

Computer System(s)

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(3) List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s)

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(c) Is coverage desired for Tested telex or other similar means of Tested communication? Yes  No

4. Complete the following for optional coverage desired:

<u>Form of Coverage</u>		<u>Single Loss Limit</u>	<u>Single Loss Deductible</u>
(a) Is Data Processing Service Operations Coverage desired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
(b) Is Voice Initiated Transfer Fraud Coverage desired? <i>If "Yes", what is the dollar amount of the call-back threshold of the originator of an instruction?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____	\$ _____
(c) Is Telefacsimile Transfer Fraud Coverage desired? <i>If "Yes", what is the dollar amount of the call-back threshold of the originator of an instruction?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____	\$ _____
(d) Is Destruction of Data or Programs by Hacker Coverage desired? <i>If "Yes", is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
(e) Is Destruction of Data or Programs by Virus Coverage desired? <i>If "Yes", is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____
(f) Is Voice Computer Systems Coverage desired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	\$ _____

5. Has any insurance similar to the kinds provided under this policy, been declined or canceled during the past three years? Yes  No   
 If "Yes", explain: \_\_\_\_\_

6. List all losses sustained in the past three years for any insurance similar to the kinds provided under this policy, whether reimbursed or not

from \_\_\_\_\_ to \_\_\_\_\_  
(month, day, year) (month, day, year)

Check if none

Date Of Loss	Type Of Loss	Amount Of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state location
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

**COMPENSATION NOTICE:**

**Important Notice Regarding Compensation Disclosure**

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, Enterprise Development, One Tower Square, Hartford, CT 06183.

**FRAUD WARNINGS:**

**Attention: Insureds in Alabama, Arkansas, D.C., 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.

**Attention: Insureds in 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.

**Attention: Insureds in 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.

**Attention: Insureds in 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.)

**Attention: Insureds in 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.

**Attention: Insureds in 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.

**Attention: Insureds in 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.

**SIGNATURE SECTION:**

THE UNDERSIGNED OFFICER OF THE APPLICANT (AUTHORIZED REPRESENTATIVE) DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THE STATEMENTS SET FORTH IN THIS APPLICATION FOR INSURANCE AND MATERIAL SUBMITTED THEREWITH ARE TRUE AND COMPLETE. SUCH APPLICATION AND MATERIALS WILL BE RELIED ON BY TRAVELERS AND BE THE BASIS OF THE INSURANCE. IN NORTH CAROLINA, THIS APPLICATION SHALL NOT CONSTITUTE PART OF THE POLICY APPLIED FOR. IF ANY INFORMATION IN THIS APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY TRAVELERS OF SUCH CHANGES AND TRAVELERS MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. TRAVELERS IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION. THE SIGNING OF THIS APPLICATION DOES NOT BIND TRAVELERS TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

\_\_\_\_\_  
Signature\*: Officer of **Applicant**  
(Authorized Representative)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**\*IF YOU ARE ELECTRONICALLY SUBMITTING THIS APPLICATION TO TRAVELERS, APPLY YOUR ELECTRONIC SIGNATURE TO THIS FORM BY CHECKING THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX BELOW. BY DOING SO, YOU HEREBY CONSENT AND 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.**

**AUTHORIZED REPRESENTATIVE'S ELECTRONIC SIGNATURE AND ACCEPTANCE**

**PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE):**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number