

CRIME INSURANCE QUESTIONNAIRE

When completing this Questionnaire

Please answer all questions giving full and complete answers.

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.

A relevant fact is such known fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact us.

If the space provided on the Questionnaire is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.

The Questionnaire form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting insurance for the firm who acts as a Proposer.

This Questionnaire does NOT BIND the Proposer to complete the insurance but will form part of any insurance offered by insurers.

1. Name of Insured Company (including all Subsidiary/Associated Companies) to be covered under this Insurance.

2. Principal Address

3. Do you have a procedure in place which requires client/customer bank account and contact details to be agreed in writing, confirmed and validated with the client/customer prior to any payment being made to said client/customer?

YES

No

If the answer to this question is No please provide details of other security arrangements you have in place to validate your customer and their bank details.

4. Do you have a procedure in place which requires all vendor/supplier bank account and contact details to be verified prior to them being established within your account payable system prior to any payment being made?

Yes

No

If the answer to this question is No please provide details of other security arrangements you have in place to validate vendors/suppliers to your company and their bank details.

5. Do you have a procedure for the verification of any changes to any details mentioned in 3 and 4 above using previously supplied contact information?

Yes

No

6. Do you accept fund transfer instructions from clients/customers over the telephone, by email, text message or similar method of communication?

Yes

No

If the answer to this question is Yes please provide brief details of the Secondary Method of Validation employed to authenticate such instructions.

7. Do all employees authorised to transfer funds receive training specific to Impersonation Fraud?

Yes

No

8. Do you have a system of dual control for all fund transfers.

Yes

No

Si No hay límite de transferencia de estado para el cual se aplica el control dual.

9. Claims Information/Circumstances

Please give full details of any losses or circumstances involving Impersonation Fraud whether insured or not discovered by the Insured within the last five (5) years including:

Date of Loss, Amount of Loss (From Ground Up), Description of Loss, Precautions which have now been taken to prevent the reoccurrence of loss of this type.



R e a s e g u r o

DECLARATION

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

We declare that the statement and particulars in this Questionnaire are true and that no material facts have been misstated or suppressed. We agree that should any of the information given by us alter between the date of this Questionnaire and the inception date of the insurance to which this Questionnaire relates, we will give immediate notice thereof. We agree that this Questionnaire together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

SIGNATURE:

POSITION:

NAME:

DATE: