



Cybersecurity Insurance Cyber Crime Supplemental Application

Please answer all the questions on this form. This supplemental Application form will be made part of the accepted Cyber-Privacy-Security Application which forms part of the policy. The Cyber Crime endorsement will provide coverage on a Claims-made basis. Underwriters will rely on the statements that you make on this form. In this context, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.

1. Do you always implement **out-of-band authentication*** procedures with respect to:
- a. Customer/client/supplier instructions to direct funds, goods or services to a third party recipient; **AND**
 - b. Transactions or instructions where customer/client/supplier account details vary from the account information held on record; **AND**
 - c. Non-standard requests made by **senior management**** for the transfer of funds, goods or services?

Yes ___ No ___ N/A ___ If "N/A" checked please explain exactly how these procedures are not applicable to your business: _____

2. If 'No' to Question 1. above, do you implement **out-of-band authentication*** procedures when the transaction value of funds, goods or services is above \$20,000?

Yes ___ No ___

3. Do you have an electronic funds transfer process in place with dual separate authority recorded authorization?

Yes ___ No ___

** **out-of-band authentication** means verifying with the requestor of a transfer, payment or delivery of funds, goods or services, the authenticity/validity of the request, via a method other than the original means of that request.*

*** **senior management** means 1) past, present and future duly elected or appointed director, officer, trustee or governor of a corporation, management committee member of a joint venture and member of the management board of a limited liability company or equivalent position including a de facto director, officer, trustee, governor, management committee member or member of the management board of such entities; and 2) past, present and future General Counsel and Risk Manager (or equivalent position) of you.*

Sign _____

Date _____