

**Travelers Casualty and Surety Company of America**

*Applicant* means all corporations, organizations or other entities, including subsidiaries and Employee Benefit Plans subject to ERISA, that are proposed for the crime insurance coverage to which Social Engineering Fraud coverage is requested to be attached.

*Social Engineering Fraud*, sometimes also called Business E-Mail Compromise, means a sophisticated scam targeting businesses and entities frequently working with foreign suppliers or entities that regularly perform wire transfer payments. The fraud is carried out by compromising legitimate e-mail accounts through phishing and other computer intrusion techniques to initiate transfers of funds subsequently deemed fraudulent.

**INSTRUCTIONS**

Attach details to this application regarding any *No* response in the Vendor Controls, Client Controls, or Internal Funds Transfer Instruction Controls sections, or if additional space is needed to provide information in response to any questions.

**GENERAL INFORMATION**

Applicant Name:		
Street Address:		
City:	State:	Zip:

1. Does the applicant make payments to third parties via a wire-transfer system? ..... Yes  No   
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? ..... Yes  No
3. Do payments or funds-transfers of a certain amount require dual authorization? ..... Yes  No

**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? ..... Yes  No
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? ..... Yes  No

**CLIENT CONTROLS**

6. Does the Applicant accept payments 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 deemed acceptable (e.g. telephone, e-mail, text message, telefacsimile (fax), general mail,etc.): \_\_\_\_\_
7. Does the Applicant confirm all such payments or funds-transfer instructions made by a Client 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? ..... Yes  No

**INTERNAL FUNDS-TRANSFER INSTRUCTION CONTROLS**

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, please describe such procedures:* \_\_\_\_\_

## LOSS INFORMATION

9. Has the Applicant sustained any Computer or Social Engineering Fraud losses during the past 3 years?  
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

## COMPENSATION

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 WARNINGS

**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.

## SIGNATURE AND AUTHORIZATION

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 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.

Authorized Representative Signature*: <input checked="" type="checkbox"/>	Authorized Representative Name and Title	Date (mm/dd/yyyy):
Producer Signature* (required in FL and IA) <input checked="" type="checkbox"/>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box below. By doing so, it is agreed 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.

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