



FRADULENT INSTRUCTION COVERAGE ADDENDUM

THIS ADDENDUM IS TO BE COMPLETED FOR ALL NEW BUSINESS AND RENEWAL CRIME INSURANCE POLICY FOR FRAUDULENT INSTRUCTION COVERAGE.

1. Does the Applicant require a review of all changes to vendor/supplier records by a supervisor before any change to the record is processed? YES NO
2. Does the Applicant provide periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams? YES NO
3. Has the Applicant received fraudulent emails within the last twelve months, purporting to be from customers, vendors, or employees, intending to direct transfers of the Applicant's funds? YES NO
If YES, please provide a brief summary of each incident:

4. Please check below each procedure used to verify new customers or clients prior to initiating any financial transaction with them:

- D&B Report or other credit worthiness check
- Bank account verification (name, address, contact info matching customer or client file)
- Confirmation of physical address
- Other (please describe):

5. Please check below each procedure used to authenticate funds or securities transfer instructions prior to transfer:

- Call the customer or client at a predetermined number
- Send a text message to the customer or client at a predetermined number
- Receipt by the Applicant of a code known only to the customer or client
- Other (please describe):

6. When a vendor or supplier requests changes to its account details (including, but not limited to, bank routing numbers, account numbers, telephone numbers or contact information), does the Applicant:

- a) confirm all requests by a direct call to the vendor or supplier using only a contact number provided by the vendor or supplier before the request is processed? YES NO
- b) send notice of receipt of the request to someone other than the person who sent the request, before making the change? YES NO
- c) require review of all requests by a supervisor or next-level approver before any change is made? YES NO

7. Are international and domestic funds transfer procedures performed consistently across all business units? YES NO

I understand the information submitted herein becomes part of the Application for Crime Insurance and is subject to the same representations and conditions.

SIGNATURE: _____

DATE: _____

NAME (Please Print): _____

TITLE/POSITION: _____