



BEAZLEY SOCIAL ENGINEERING APPLICATION

GENERAL INFORMATION

Applicant Name:			
Mailing Address:			
City:		State & Zip:	
1. Does the Applicant provide periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. 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? If "Yes," please provide a brief summary of each incident.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CUSTOMER & VENDOR CONTROLS

1. Do you accept instructions from customers or vendors to change routing numbers, account numbers, telephone numbers, and contact information over the telephone, fax, email, text message or similar method of communication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "Yes," do you authenticate such instructions using any of the following methods prior to complying with the instructions?		
i. Calling the customer or vendor using only predetermined number, meaning a contact number provided by the customer or vendor before the request was received		<input type="checkbox"/>
ii. Sending a text message to such a predetermined number		<input type="checkbox"/>
iii. Requiring receipt of a code known only to the customer or vendor to confirm identity		<input type="checkbox"/>
iv. Other (please describe):		<input type="checkbox"/>

<p>2. Do you accept funds transfer instructions from customers or vendors over the telephone, fax, email, text message or similar method of communication?</p> <p>a. If "Yes," do you authenticate such instructions using any of the following methods prior to complying with the instructions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i. Calling the customer or vendor using only predetermined number, meaning a contact number provided by the customer or vendor before the request was received</p>	<input type="checkbox"/>
<p>ii. Sending a text message to such a predetermined number</p>	<input type="checkbox"/>
<p>iii. Requiring receipt of a code known only to the customer or vendor to confirm identity</p>	<input type="checkbox"/>
<p>iv. Other (please describe):</p>	<input type="checkbox"/>

EMPLOYEE CONTROLS

<p>1. Do you accept employee instructions to change payroll information over the telephone, fax, email, text message or similar method of communication?</p> <p>a. If "Yes," do you authenticate such instructions using any of the following methods prior to complying with the instructions?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>i. Calling the employee at a predetermined number</p>	<input type="checkbox"/>
<p>ii. Sending a text message to a predetermined number</p>	<input type="checkbox"/>
<p>iii. Requiring receipt of a code known only to the employee to confirm identity</p>	<input type="checkbox"/>
<p>iv. Other (please describe):</p>	<input type="checkbox"/>
<p>2. Who in your organization is authorized to direct your Accounts Payable department to pay an invoice?</p> <p>a. Prior to complying with such directive, does the Accounts Payable department authenticate such instructions using any of the following methods?</p>	

i. Calling the employee that submitted the invoice at a predetermined number	<input type="checkbox"/>
ii. Verifying the invoice against a corresponding purchase order, receiving report, and Authorized Vendor List	<input type="checkbox"/>
iii. Verifying the invoice by calling the vendor at a predetermined number	<input type="checkbox"/>
iv. Other (please describe):	<input type="checkbox"/>

FUNDS TRANSFER CONTROLS

1. Who in your organization has the authority to initiate a wire transfer?	
a. Can wire authority be delegated to anyone verbally or in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is online banking software used to perform wire transfer functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If "Yes," is access to the portal restricted to specific users and terminals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Can the employee independently initiate a wire transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. What safeguards are in place to authenticate a wire transfer?	
i. Dual Approval	<input type="checkbox"/>
ii. Call-back verification to the individual requesting the transfer at a predetermined number	<input type="checkbox"/>
iii. Other (please describe):	<input type="checkbox"/>

2. Does your organization have a documented written response plan for fraudulent instructions that includes instructions to contact the FBI/IC3 Recovery Asset Team upon the discovery of a fraudulent funds transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Please provide the following information regarding the volume and frequency of funds transfers:		
	Domestic	Outside the US
Average over last 12 months		
Largest over last 12 months		
Total over the last 12 months		
4. Are international and domestic funds transfer procedures performed consistently across all business units?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE SECTION

THE UNDERSIGNED AUTHORIZED EMPLOYEE OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED EMPLOYEE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. FOR NEW HAMPSHIRE APPLICANTS, THE FOREGOING STATEMENT IS LIMITED TO THE BEST OF THE UNDERSIGNED'S KNOWLEDGE, AFTER REASONABLE INQUIRY. IN MAINE, THE UNDERWRITERS MAY MODIFY BUT MAY NOT WITHDRAW ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS NOT PROPERLY REPORTED UNDER THE TERMS AND CONDITIONS OF THE APPLICABLE POLICIES.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE UNDERWRITER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS

APPLICATION AND MADE A PART HEREOF. FOR NORTH CAROLINA, UTAH, AND WISCONSIN APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: 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.)

Signed*: _____

Date: _____

Print Name: _____

Title: _____

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number .
If this **Application** is completed in Iowa, please provide the Insurance Agent's name and signature only.

Agent's Signature*: _____

Agent's Printed Name: _____

Florida Agent's License Number: _____

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you 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.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer