



CRIME PROTECTION PLUS
Fraudulent Inducement Supplement

This is a supplement to the Philadelphia Insurance Companies Crime Protection Plus Application

Name of Applicant:

- | | | |
|---|-----|----|
| 1. Are all employees who are responsible for authorizing and/or sending wire transfers or other payments provided periodic anti-fraud training concerning fraudulent inducement/social engineering, phishing, masquerading and other fraud schemes? | Yes | No |
| 2. Does the Applicant make payments to third parties via a wire transfer system?
If yes, describe the frequency of such payments. | Yes | No |
| 3. Is there a limit on the number or total dollar amount of electronic funds transfers one employee can approve during a specified time period?
If yes, what are the limits and in what time interval? | Yes | No |
| 4. Is dual authorization required for any payments or funds transfers over a certain amount?
If yes, what is the amount? \$ | Yes | No |
| 5. Does the Applicant confirm all change requests regarding vendor account information (including routing numbers, account numbers, telephone numbers, and contact information) by a direct call to the vendor using only the contact number previously provided by the vendor before the change request was received?
If yes, does the Applicant confirm these change requests with an individual at the vendor other than the individual who requested the change? | Yes | No |
| 6. Does the Applicant have procedures in place to verify the authenticity of any payment requests received from a vendor? | Yes | No |
| 7. Does the Applicant verify the receipt of goods, inventory, or services against an invoice prior to making any payments to a vendor? | Yes | No |
| 8. Does the Applicant accept funds transfer instructions from Clients over the telephone, email, text message or similar method of communication?
If yes, describe the method used to authenticate the instructions prior to complying with such instructions. | Yes | No |
| 9. Does the Applicant have procedures in place to verify the authenticity of all Clients? | Yes | No |
| 10. Does the Applicant confirm all payment 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 |
| 11. Does the Applicant have procedures in place to verify the authenticity of any payment or funds transfer request received by an authorized employee from an internal company source (e.g. a supervisor, subsidiary, or different department)?
a. If yes, please describe the procedures:

b. Do these payments or funds transfers require the approval of a supervisor of the employee who received the request? | Yes | No |
| 12. Has the Applicant sustained any Fraudulent Inducement/Social Engineering Fraud related losses during the past 3 years?
If yes, please advise the total amount of the loss, provide a description of the event, and explain any corrective action implemented. | Yes | No |

To enter more information, please use the separate page attached to the application.

I understand information submitted herein becomes a part of my Philadelphia Insurance Companies Crime Protection Plus Application and is subject to the same conditions as stated on the application.

Name (Please Print)

Title (Must be signed by a Principal, Partner or Officer)

Signature

Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date