TRAVELERS

Travelers Casualty and Surety Company of America

Commercial Crime Coverage
Social Engineering Fraud Supplemental Application

IMPORTANT INSTRUCTIONS

If additional space is needed for any information that exceeds the space provided, attach a separate page to this Application.

GENERAL INFORMATION

Name of Applicant:

Street Address:

City:	State:	Zip:

VENDOR, CLIENT, AND INTERNAL CONTROLS

1. Does the Applicant make payments to third parties via an electronic funds transfer system? ☐ Yes ☐ No
   a. If Yes, are payments regularly sent internationally? ☐ Yes ☐ No
   b. If Yes, what is the average daily international transfer amount? $
2. Does the Applicant require dual authorization for payments or fund transfers over a certain amount? ☐ Yes ☐ No
   If Yes, what is that amount? $
3. Does the Applicant require that at least one employee with authority to approve electronic funds transfers always be available by cell phone or other means? ☐ Yes ☐ No
4. Is multi-factor authentication (MFA) required for all employees when accessing email through a website or cloud-based service? ☐ Yes ☐ No ☐ N/A
5. Does the Applicant provide annual anti-fraud training to all employees responsible for updating payee account information and to those authorizing or executing electronic fund transfers? ☐ Yes ☐ No
6. Does the Applicant confirm all payee account set-up and change requests by a direct call to the payee using a pre-determined telephone number (i.e., a number from a source other than the person sending the change request)? ☐ Yes ☐ No
7. Does the Applicant require a telephone call or face-to-face meeting to verify the authenticity of any payment or funds transfer request made by an internal company source or subsidiary? ☐ Yes ☐ No
   If Yes, describe such procedures, including alternate procedures when the requesting party is not available to confirm, in separate attachment to this Application.
8. Does the Applicant require supervisor approval prior to initiating any payment or funds transfer request made by an internal company source or subsidiary? ☐ Yes ☐ No
9. Does the Applicant use a pre-determined telephone number to confirm receipt of funds by a requesting party within 24 hours after the first transfer using new bank account information? ☐ Yes ☐ No
10. Does the Applicant have incident reporting procedures, including use of the FBI's Internal Crime Complaint Center (IC3) website? ☐ Yes ☐ No
11. In the past 3 years, has the Applicant sustained any social engineering fraud-related losses? ☐ Yes ☐ No
    If Yes, provide details and amount(s) paid in a separate attachment to the Application.

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NOTICE REGARDING 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

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 STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

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.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

SIGNATURES

The undersigned Authorized Representative represents that to the best of their knowledge and belief, and after reasonable inquiry, the statements provided in response to this Application are true and complete, and, except in North Carolina 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. Except in North Carolina and Utah, this Application, including any requested or submitted information, will be deemed attached to and form a part of any policy issued.

☐ Electronic Signature and Acceptance – Authorized Representative

*If electronically submitting this document, electronically sign this form by checking the Electronic Signature and Acceptance box above. By doing so, the Applicant agrees 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.

Authorized Representative Signature: **X**	Authorized Representative Name and Title:	Date *(month/dd/yyyy)*:
Producer Name (required in FL & IA): **X**	State Producer License No (required in FL):	Date *(month/dd/yyyy)*:
Agency:		Agency Phone Number:

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