

LIMIT REQUESTED

\$10,000
 \$25,000
 \$50,000
 \$75,000
 \$100,000
 \$150,000
 \$200,000
 \$250,000

All questions must be answered

1. Does the Applicant accept funds transfer instructions over the telephone, email, text message or similar method of communication?	Y <input type="checkbox"/>	N <input type="checkbox"/>
2. If yes, does the Applicant have procedures in place to verify validity and information accuracy for any new customers, clients, vendors or suppliers prior to any initial financial transaction with them? If yes, please provide details:	Y <input type="checkbox"/>	N <input type="checkbox"/>
3. Does the Applicant confirm all changes to vendor or supplier details (account numbers, telephone numbers, contact information) with the vendor or supplier, using a callback number established prior to any change request?	Y <input type="checkbox"/>	N <input type="checkbox"/>
4. Does the Applicant require review of all changes to vendor or supplier records by a next-level approver before any changes to the record is processed?	Y <input type="checkbox"/>	N <input type="checkbox"/>
5. Does the Applicant have custody or control over any funds or accounts of any of its clients, including but not limited to escrow or trust accounts? If yes, please describe:	Y <input type="checkbox"/>	N <input type="checkbox"/>
6. Do the Applicant's employees have access to the client's accounting, payroll, purchasing systems, or perform bill payment services? If yes, please describe	Y <input type="checkbox"/>	N <input type="checkbox"/>
7. Provide a list of all individuals in the Applicant's organization who have the authority to initiate a wire transfer:		
Name	Title	
8. Can wire transfer authority be delegated to anyone verbally or in writing?	Y <input type="checkbox"/>	N <input type="checkbox"/>
9. LOSS HISTORY Has the Applicant sustained a loss under the terms of this coverage extension being applied for (whether or not insured) in the past 6 years? If yes, please complete the following table:	Y <input type="checkbox"/>	N <input type="checkbox"/>
DATE OF LOSS	QUANTUM OF LOSS	DESCRIPTION OF EVENT AND WHAT CORRECTIVE ACTION WAS TAKEN

This Supplemental Application for Social Engineering Fraud is attached to and forms part of the Application for a Comprehensive Disappearance, Dishonesty, Disappearance and Destruction (3-D) Bond. The signing of this application does not bind the Applicant of the Company. The signatory must be an officer of the applicant, the Risk Manager, or the person responsible for the firm's insurance. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signed at	Date
Print name	Title