



APPLICATION FOR A COMPUTER CRIME POLICY FOR FINANCIAL INSTITUTIONS

For use as a Companion Policy to the Financial Institution Bond

ALL QUESTIONS MUST BE ANSWERED. Do not leave any blank or answer any as N/A.

Application is hereby made by: (List **ALL INSUREDS** to be covered) (**Do Not** use general phrases such as all subsidiaries, or owned, managed, controlled, affiliated, associated and so on)

Principal Address: _____

(herein called Insured) for a **Primary**; **Excess**; **Computer Crime Policy for Financial Institutions**, to become effective as of 12:01 a.m. on _____ to 12:01 am on _____ in the Aggregate Limit of Liability of \$ _____.

Date Insured was established: _____

Insured is licensed: Federally ; Provincially ; Other: _____

Name of prior carrier: _____

1. Predominant business activity of the Insured is: _____

2. For all Insureds, show the total number of:

(a) Salaried officers, employees and persons provided by employment contractors:

	No. of
within Canada	
U.S., Puerto Rico and Virgin Islands	
Other	

(b) Locations (other than the Home Office of the Insured first named):

	No. of
in Canada	
in the U.S., Puerto Rico and Virgin Islands	
outside the U.S., Puerto Rico and Virgin Islands	

3. Complete the following for Forms and Amounts of coverage desired:

ACTUAL AMOUNT TO BE PROVIDED MAY BE DIFFERENT THAN REQUESTED AND WILL BE INDICATED IN THE DECLARATIONS OF THE POLICY

Basic Form of Coverage

	<u>Single Loss Limit</u>	<u>Single Loss Deductible</u>
Computer Systems Fraud Coverage	\$ _____	\$ _____

(a) Insured's Computer System(s):

For the Computer System(s) you operate, whether owned or leased, complete the following:

(i) Number of independent software contractors authorized to design, implement or service programs for your System(s) _____

(ii) Is access to your System(s) by customers, agents, brokers or other outside parties, other than by Automated Teller Machine, permitted (e.g. by computer, terminal or touchtone telephone key pad, etc.?) Yes No

(iii) Number of Automated Teller Machines? _____

(b) Other Computer System(s)

(i) Check if coverage is desired for:

An Automated Clearing House Association that is a member of:

N.A.C.H.A. Fed Wire C.H.I.P.S. S.W.I.F.T. Bank Wire

(ii) List below other Computer System(s) for which coverage is desired:
(For Automated Teller Machine Systems, complete item (iii) below.)

Computer System(s)

(iii) List below shared or other participatory Automated Teller Machine System(s) for which coverage is desired:

ATM System(s)

(c) Is coverage desired for Telex or other similar means of Telex communication? Yes No

4.

Optional Forms of Coverage

		<u>Single Loss Limit</u>	<u>Single Loss Deductible</u>
(a) Is Data Processing Service Operations Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____

(b) Is Voice Initiated Transfer Fraud Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
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If Yes, what is the dollar amount of the call-back threshold to the originator of an instruction? \$ _____

(c) Is Telefacsimile Transfer Fraud Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
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If Yes, what is the dollar amount of the call-back threshold to the originator of an instruction? \$ _____

(d) Is Destruction of Data or Programs By Hacker Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
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If Yes, is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs? Yes No

(e) Is Destruction of Data or Programs By Virus Coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
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If Yes, is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?

Yes No

(f) Is Voice Computer Systems Coverage desired?

Yes No \$ _____ \$ _____

5. Has any insurance similar to the kinds provided under this policy, been declined or cancelled during the past six years?

Yes No

If Yes, explain: _____

6. (a) List all claims that have occurred during the past six years (whether reimbursed or not), and;

(b) List all losses or situations, similar in type to claims which could fall within the scope of the policy being applied for in this application, that have occurred during the past six years (whether reimbursed or not).

CHECK IF NONE

Date of Loss	Type of Loss	Amount of Loss	Amount Recovered from Insurance	Amount Recovered from other than Insurance	Amount of Loss Pending	If Loss occurred at other than Main Office, state Location
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. Completion of this application does not bind the Underwriter to provide the insurance requested.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

Dated at _____ this _____ day of _____, _____.

 (Insured)

 Signed By

 (Name – Please Print)

 (Title)