



This form must be completed for each new policy and at each new policy anniversary. If more space is needed to answer any of the questions contained herein, attach additional sheets.

APPLICATION FOR A
COMPUTER CRIME POLICY FOR FINANCIAL INSTITUTIONS

Application is hereby made by _____

(List all Insureds)

Principal Address _____ (herein called Insured)

(No.) (Street) (City) (State)

for a Computer Crime Policy for Financial Institutions to become effective as of 12:01 a.m. on _____ to 12:01 a.m.

on _____ in the Aggregate Limit of Liability of \$ _____

Date Insured was established _____ Name of prior carrier _____

- 1. Insured is a (check the appropriate box): Commercial Bank [], Savings Bank [], Savings and Loan Association [], Credit Union, [], Stockbroker [], Investment Banker [], Finance Company [], Insurance Company [], Other []

- 2. For all Insureds, show the total number of: (a) Salaried officers, employees and persons provided by employment contractors..... (b) Locations (other than the Home Office of the first Named Insured) in the U.S., Canada, Puerto Rico and Virgin Islands..... (c) Number of locations outside the U.S., Canada, Puerto Rico and Virgin Islands.....

Computer Systems Fraud Coverage..... \$ _____ Single Loss Limit _____ Single Loss Deductible _____

- (a) Insured's Computer System(s) For the Computer System(s) you operate, whether owned or leased, complete the following: (1) Number of independent software contractors authorized to design, implement or service programs for your System (s) (2) 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 [] (3) Number of Automated Teller Machines (b) Other Computer Systems (1) Check if coverage is desired for: Automated Clearing House using Federal Reserve Computer facilities [], Fed Wire [], CHIPS [], SWIFT [] (2) List below other Computer System(s) for which coverage is desired: (For Automated Teller Machine Systems, complete Item (3) below.)

Computer System(s)

- (3) List below shared or other participatory Automated Teller Machine Systems for which coverage is desired:

ATM System(s)

- (c) Is coverage desired for Tested telex or other similar means of Tested communication?..... Yes [] No []

4. Complete the following for optional coverage desired:

<u>Form of Coverage</u>	<u>Single Loss Limit</u>	<u>Single Loss Deductible</u>
(a) Is Data Processing Service Operations Coverage desired?.....	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____
(b) Is Voice Initiated Transfer Fraud Coverage desired?.....	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____
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?.....	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____
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?	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____
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 <input type="checkbox"/> No <input type="checkbox"/>	
(e) Is Destruction of Data or Programs By Virus Coverage desired?.....	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____
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 <input type="checkbox"/> No <input type="checkbox"/>	
(f) Is Voice Computer Systems Coverage desired?.....	Yes <input type="checkbox"/> No <input type="checkbox"/> \$ _____	\$ _____

5. Has any insurance similar to the kinds provided under this policy, been declined or canceled during the past three years?..... Yes No

If "Yes", explain: _____

6. List all losses sustained in the past three years for any insurance similar to the kinds provided under this policy, whether reimbursed or not from _____ to _____

(month, day, year) (month, day, year)

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
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

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 _____ , _____

_____ By _____

(Insured) (Name and Title)

THIS WARNING IS PART OF YOUR APPLICATION, READ IT CAREFULLY

GENERAL FRAUD AND STATE SPECIFIC FRAUD STATEMENTS

The General Fraud Statement is applicable to all states except Alabama, Colorado, District of Columbia, Florida, Hawaii, Kansas, Maryland, Massachusetts, Minnesota, Nebraska, Ohio, Oklahoma, Oregon, Utah, Vermont and Washington. The State Specific Fraud Statements are also listed. Please read the Fraud Statement that is applicable for your State, and acknowledge receipt by signing below it (if required). Consult your agent if you have any questions about your application for the ERISA or Business Service Bond.

GENERAL FRAUD STATEMENT (Applicable in all states except as listed below)

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, CO, DC, FL, HI, KS, MD, MA, MN, NE, OH, OK, OR, UT, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.

APPLICABLE IN DISTRICT OF ALABAMA – FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

APPLICABLE IN COLORADO – FRAUD STATEMENT

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

APPLICABLE IN DISTRICT OF COLUMBIA – FRAUD STATEMENT

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.

APPLICABLE IN FLORIDA – FRAUD STATEMENT

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

APPLICABLE IN HAWAII – FRAUD STATEMENT

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – FRAUD STATEMENT

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 any 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.

APPLICABLE IN MARYLAND - FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT - FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

APPLICABLE IN OKLAHOMA – FRAUD STATEMENT

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.

APPLICABLE IN UTAH – FRAUD STATEMENT

For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN WASHINGTON – FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.