

Application Instructions

Whenever used in this Application, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

I. General Information

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Does the Applicant have an employee or outside resource that is responsible for the organization's email security?

☐ Yes ☐ No

II. Vendor / Supplier Controls

1. Are all vendor/supplier bank accounts approved for use in writing by a representative of both the Applicant and the vendor/supplier at the time such parties enter into a contract? ☐ Yes ☐ No
2. Does the Applicant have written and documented procedures in place which are provided to employees and which require employees to authenticate all requested changes to vendor/supplier information (such as bank account, routing number, contact information) with a phone call to an authorized representative of the vendor/supplier, at a phone number provided at the time of contracting? ☐ Yes ☐ No
3. Does the Applicant require all changes to vendor/supplier information and supporting documentation to be signed off by a next level officer, manager or supervisor prior to processing any requested change? ☐ Yes ☐ No

III. Customer / Client Controls

1. Does the Applicant have custody or control over any funds or accounts of any customers/clients? ☐ Yes ☐ No
2. Does the Applicant perform bill payment services, collection services, payroll services, investment services, or any type of third party administrative services for customers/clients? ☐ Yes ☐ No
3. Does the Applicant have access to customer/client accounting or purchasing systems? ☐ Yes ☐ No

If "No" to questions 1, 2 and 3 of this section, proceed to Section IV.

4. Does the Applicant accept funds transfer instructions from clients or customers over the telephone, email, text message or similar method of communication? ☐ Yes ☐ No
If "Yes", does the Applicant have written and documented procedures in place which are provided to employees and which require employees to authenticate such instructions:
 - a. By calling the customer or client at a predetermined phone number? ☐ Yes ☐ No
 - b. By sending a text message to a predetermined number? and ☐ Yes ☐ No

- c. By requiring a secret code or other method of identification known only to the customer/client to confirm identity?

☐ Yes ☐ No

If "No" to all of the above, please explain how Applicant's authenticate funds transfer instructions from clients or customers.

5. Does the Applicant authenticate all requested changes to customer/client information (such as bank account, routing number, contact information) with a phone call to an authorized representative of the customer/client, at a phone number provided at the time of contracting?

☐ Yes ☐ No

IV. Internal Wire Transfer Requests and Controls

1. Is authority to initiate a wire transfer documented in writing by the Applicant and limited to specific employees with specific dollar thresholds?
2. Does the Applicant have written and documented procedures which are provided to employees, whereby the employees that process wire transfers are to never process an internal request:

☐ Yes ☐ No

- a. Unless the request comes from someone with documented authority and within their established dollar threshold? and

☐ Yes ☐ No

- b. Without first validating the request with a call back to the requestor (inclusive of any owner) at a pre-determined work phone number?

☐ Yes ☐ No

If "No" to either of the above, please explain procedures for authenticating an internal wire transfer request.

3. Does the Applicant require next level officer, manager or supervisor approval to be obtained before processing a wire transfer?

☐ Yes ☐ No

4. Does the Applicant allow wire transfer authority to be delegated to anyone verbally or in writing?

☐ Yes ☐ No

5. Does the Applicant provide social engineering training on at least an annual basis to employees that have wire transfer or accounts payable authority that educates them on:

- a. How to detect and identify social engineering scams where a fraudulent email or phone call from a purported vendor or client is received, requesting their vendor or client bank account information be changed?

☐ Yes ☐ No

- b. How to detect and identify social engineering scams where a fraudulent email or phone call from a purported owner or employee of the Applicant is received, requesting a wire transfer be made on their behalf?

☐ Yes ☐ No

If "No", what kind of training is provided to help them identify these types of fraudulent schemes and how often?

V. Loss Experience

Has the Applicant ever been fraudulently induced to part with any assets due to a phishing, spear phishing, social engineering or false pretense related scheme?

☐ Yes ☐ No

If “yes”, please provide an attachment to this application with the following information:

1. the amount of the loss;
2. date of the loss;
3. details of the scheme;
4. controls that were circumvented or absent;
5. corrective measures that have since been implemented; and
6. any other information a reasonable person would deem relevant to the loss.

VI. Declarations, Notices and Signature

The authorized signer of this Application represents to the best of their knowledge and belief that the statements set forth herein are true, accurate, complete and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a loss, claim, or legal action now known to any entity, official, or employee involving the proposed coverage has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such loss, claim, or action from coverage under the insurance being applied for, whether or not disclosed. Any loss or claim based upon, arising out of or in connection with any misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this Application or otherwise shall be excluded from coverage.* Signing of this Application does not bind The Hanover Insurance Company or any of its insurance affiliates or subsidiaries to offer, nor the authorized signer to accept insurance. It is agreed this Application and any attachments hereto shall be the basis of the insurance.

*For state of Washington and South Dakota applicants only: Any loss or claim based upon, arising out of or in connection with any intentional misrepresentation, omission, concealment, untruthful, inaccurate, or incomplete statement of a material fact in this Application or otherwise shall be excluded from coverage.

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

ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or 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 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

FLORIDA AND OKLAHOMA: 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 in FL).

KANSAS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

KENTUCKY, 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.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NEW HAMPSHIRE AND NEW JERSEY: Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

PUERTO RICO: Any person who knowingly and with the intention of defrauding 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, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK: 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date

Signature**

Title

**This Application must be signed by the chief executive officer, president, or chief financial officer of the Applicant's parent organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Producer:_____ Agency:_____

Taxpayer ID:_____ License Number:_____ Email:_____

Address (Street, City, State, Zip):_____