

## Forgery and Alteration Questionnaire

**DEFENSE WITHIN LIMITS: THE AMOUNT OF MONEY AVAILABLE UNDER THE POLICY TO PAY SETTLEMENTS OR JUDGEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES, INCLUDING BUT NOT LIMITED TO FEES PAID TO ATTORNEYS TO DEFEND YOU.**

### Questionnaire Instructions

Whenever used in this Questionnaire, the term "Applicant" shall mean the Named Insured and all subsidiaries or other organizations applying for coverage, unless otherwise stated. Please provide details on a separate sheet as requested.

### I. General Information

Name of Applicant: \_\_\_\_\_

1. Does the Applicant pay vendors and other expenses by check via the mail? ☐ Yes ☐ No  
*If "Yes", is there a maximum dollar threshold for paying by check via the mail?* ☐ Yes ☐ No ☐ N/A  
*If "Yes", what is the maximum dollar amount you would pay by check?* \$ \_\_\_\_\_
2. Are checks for larger amounts sent by registered mail? ☐ Yes ☐ No ☐ N/A  
*If "Yes", excess of what dollar amount does the Applicant send checks by registered mail?* \$ \_\_\_\_\_
3. Does the Applicant utilize Positive Pay\* with its bank? ☐ Yes ☐ No ☐ N/A  
*\*Positive Pay is a fraud detection service offered by most banks that matches a company's issued check (including dollar amount, check number, account number, payee) with the check presented for payment.*
4. Does the Applicant purchase high security checks with safety features such as watermarks, chemical voids, metal strips (e.g., holostrips), and/or security ink that will distort the check if treated with chemicals? ☐ Yes ☐ No ☐ N/A
5. Does the Applicant write checks with indelible ink (e.g., black gel ink or oil-based ink) that is difficult to erase or cover up? ☐ Yes ☐ No ☐ N/A

### II. Declarations and Signature

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Date

Signature\*\*

Title

\_\_\_\_\_  
\*\*This Questionnaire 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.