Cyber private enterprise

Crime supplementary application form

CAN

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Company Information

Please complete the answers to the questions below:

1.1 Company name / CFC Reference:

1.2 Please confirm that **before** any change is made to a third party's account details, you obtain authorization from the third party via an authentication method which is different to the original method used to request the change: ☐ Yes ☐ No

1.3 Please confirm that **before** you transfer funds to an account that you haven't paid into before, you obtain authorization from the recipient of the funds via an authentication method which is different to the original method used to request the transfer: ☐ Yes ☐ No

1.4 Please confirm that multi-factor authentication is always enabled on all of your email accounts: ☐ Yes ☐ No

1.5 Do you provide training on phishing/social engineering scams for all employees involved in transferring funds on behalf of your organization? ☐ Yes ☐ No

If "yes", please provide details of the training you provide:

1.6 Please confirm whether you provide all clients with a written warning that if they receive a request via email to make a change to any of their account details and/or to transfer any funds that they **must not** respond to the email and that they **must** contact you immediately: ☐ Yes ☐ No

1.7 Please provide details of your Crime policy (if purchased) including limit, deductible and insurance carrier:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfcunderwriting.com/privacy***

Contact Name: Position:

Signature: Date (DD/MM/YYYY):

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