



This form must be completed for each new policy and at each premium 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) (Zip Code)

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: No. 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 _____

3. 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 Houses 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)

4. Computer Systems Fraud Coverage (cont'd)

(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

5. Complete the following for optional coverages 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"/>	\$ _____	\$ _____

6. 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: _____

7. 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 _____, 19 _____

(Insured) By (Name and Title)

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the 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.
DISTRICT OF COLUMBIA	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.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE	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, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OHIO	Any person who, with intent to defraud or knowing that he 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.
OKLAHOMA	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.

OREGON	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
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.
TENNESSEE	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.
VIRGINIA	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.
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 include imprisonment, fines, and denial of insurance benefits.