



DRAGONSHIELD™ CYBERCRIME PROTECTOR 21ST CENTURY

NOTE TO APPLICANT

For the purpose of this proposal form:

- **Applicant** means organisation completing the proposal form and all of its **Subsidiaries** (as defined in the policy).
- **Funds Transfer** means any instruction given to a financial institution to pay or deliver funds (other than cheques).
- **Cyber Funds Transfer Fraud** means theft by means of unauthorized transfer, payment, or delivery of funds from an Insured' account to another.
- **Cryptocurrency** means any form of digital currency that relies on encryption techniques for its issuance, storage and verification of transfer, which the applicant uses as a means of payment for products or services or for exchanging into other currencies.
- **Plan** means any pension, employee benefit, welfare benefit, share save or share option plan or charitable fund or foundation established and maintained by the **Applicant** for the benefit of its past, present and future **Employees** (as defined in the policy) or their respective beneficiaries.
- **Proposal** means this signed proposal form, the statements, warranties, and representations herein and all attachments, financial statements and other information submitted by or on behalf of the **Applicant**.

Please provide all monetary amounts in US\$ when completing the questions below.

1. APPLICANT DETAILS

1.1 Name of the Applicant :	Surname	Given Name
1.2 Applicant's principal address:		
1.3 How long has the Applicant been in continuous operation?		
1.4 Applicant's principal web-site address:		
1.5 Applicant's nature of business:		
1.6 Total assets (consolidated):		
1.7 Total sales/revenues:		
1.8 Number of Locations:		
1.9 Total number of employees:		
	Number of Employees	
Country	Current year	Previous year
Total		
1.10 Applicant's requested Limit of Liability (please tick):	<input type="checkbox"/> \$1m <input type="checkbox"/> \$2m <input type="checkbox"/> \$5m <input type="checkbox"/> \$10m <input type="checkbox"/> Other:	
1.11 Has the Applicant been involved in, or been the subject of, any merger, acquisition, tender offer, buy-out or change in equity structure in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'Yes', please provide full details:	

1.12 Please state in respect of the **Applicant** the total:

	Current year	Previous year
(a) Maximum value of money, securities, precious metals and / or jewelry at any one location		
(b) Maximum value of Cryptocurrency , at any one account/digital wallet		
(c) Approximate annual value of Fund Transfers		
(d) Current market value of all Plans		

2. AUDIT

2.1 Does the Applicant have a fully staffed and appropriately qualified Internal Audit Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'Yes':	(a) Do they have an established audit cycle for all operations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) To whom does the head of the Internal Audit Department report?	Name/Title:
2.2 Do External Auditors audit all locations at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3 Is there an auditor's letter to management relating to internal control weaknesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide a copy	
2.4 Did management implement any measures to address the internal control weaknesses raised by auditor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please provide full details of any outstanding matters and a timeline for completion on a separate sheet and attach.	

3. INTERNAL FINANCIAL CONTROLS

3.1 Are wages / salaries independently checked against personnel records for unusual or excessive payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.2 Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:	(a) signing cheques or authorising payments (including capital expenditure) above \$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) issuing Funds Transfer instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) amending Funds Transfer procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) opening new bank accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(e) investment in and custody of securities and valuables (including bank cheques, traveler's cheques, bills of exchange etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(f) refund of monies or return of goods above \$10,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(g) disbursement of assets of any Plan ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(h) awarding contracts following a tender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3 Are bank statements independently reconciled with customer accounts by persons not authorised to deposit/withdraw funds, issue Funds Transfer instructions or dispatch customer accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.4 For the communication internally to request a fund transfer of more than USD10,000, are such instructions made by:	i. telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. e-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. written instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. others (please describe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are all such instructions subject to authentication by the employee receiving the request by:	
	a. making a call back to the requestor using a pre-designated telephone number held on file for the purpose of call back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. verifying that the requestor has the authority to make such instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	c. prior to the payment request being actioned, ensuring supporting documentation of the payment transfer request is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. verifying that any signature provided on any written instruction matches that held on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. for e-mail instructions, verifying the requestor's work e-mail address has been used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5 Have your telephone call reception desks (or outsourced providers) been warned about the dangers of providing names and contact details of finance department staff to callers "phishing" for information	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. RECRUITMENT AND HUMAN RESOURCES

4.1 When recruiting or promoting Employees to positions of trust involving handling of stock, money, financial or treasury functions, do you undertake independent checks into their employment history?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.2 Does the Applicant distribute a written anti-fraud policy or fraud alert to all employees and directors of the Policyholder and its Subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3 Does the Applicant circulate any Social Engineering Fraud (including Impersonation Fraud, Payment Diversion Fraud and Fake Presidents Fraud) Alert to all employees and directors of the Policyholder and its Subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, how frequent was it distributed?	
	Is this Fraud Alert systemically provided to all new employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Does the Applicant maintain and make known to employees a 'whistle-blowing' hotline for reporting suspected fraud and suspicious activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. STOCK AND PHYSICAL SECURITY

5.1 Is there controlled access to all locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.2 Are all premises containing money, securities, precious metals etc. connected to an intruder alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.3 Is an independent physical count of stock, raw materials, work-in progress and finished goods undertaken at least quarterly, and is this count reconciled against stock records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.4 Is the transfer of money and securities valued above \$20,000 made by a security or professional cash carrying company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. THIRD PARTIES

6.1 Does the Applicant maintain an approved supplier list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.2 Are all suppliers and service providers:	(a) vetted for competency, financial stability and honesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) appointed under a written contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) audited during the terms of their contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) under your daily management control where they operate on your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3 Does the Applicant outsource any normal administrative function to a third-party service provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.4 With respect to vendors/suppliers:	(a) are all requests for payment subject to verification that such vendor/supplier is owed such funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) prior to payment, are payment details verified with those held on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) are changes to payment details	
	i. made under dual control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. subject to verification by a telephone call or email to a number/email address of an authorized vendor contact held on file for the purpose of verification, in advance of any change to confirm the new bank account information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. COMPUTER SYSTEMS

7.1 Are unique passwords used to give various levels of entry to the computer systems depending on the users authorisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.2 Are passwords automatically withdrawn when people leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.3 Are all amendments to programs approved independently of the persons making the amendments?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.4 Are programs protected to detect unauthorised changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.5 Is Applicant's computer system protected by virus detection and repair software?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.6 How often is the Applicant's computer system updated to prevent intrusion by 3rd parties or the infection of virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7.7 Does the Applicant use Cryptocurrency in their regular operations such as Bitcoin, Ethereum, Litecoin, Monero, Tether, and Pascal Coin, among others?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, Please answer the following questions:							
In what area of business does the Applicant use Cryptocurrency ?							
How is the digital wallet(s)/private key(s) for the digital wallet(s) in which the Applicant stores its Cryptocurrency secured?	<input type="checkbox"/> The private key is stored on an off-line password protected computer, to which access is only granted to a designated person <input type="checkbox"/> The private key is stored in a safe or lock box, to which only designated persons have access; <input type="checkbox"/> The private key is stored in a USB which is stored in a safe or lock box, to which only designated persons have access; <input type="checkbox"/> The private key is stored with a third party security provider <input type="checkbox"/> Other (please specify)						
Are all Cryptocurrency payments by the Applicant , subject to prior approval by dual control?							
As at the date this of application, please indicate the percentage of the Applicant's total assets which are in Cryptocurrency	<input type="checkbox"/> Less than 5% <input type="checkbox"/> Between 5 and 20% <input type="checkbox"/> More than 20%						
Of the total number of transactions which the Applicant made in the past year, please estimate what percentage were in Cryptocurrency ?	<input type="checkbox"/> Less than 5% <input type="checkbox"/> Between 5 and 20% <input type="checkbox"/> More than 20%						
What is the average value of each Cryptocurrency transaction?							
7.8 Please tick if Applicant uses the Cloud	<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please answer the following questions:							
a. What procedures does the Applicant have in place to dictate which data may be stored in the Cloud?							
b. Does the Applicant have any risk management procedure in place to deal with cloud storage?							
c. Describe how the Applicant's Organization is using cloud-based computing?	<input type="checkbox"/> Community <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Hybrid <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%; padding: 2px;">Outsourced Providers Using</td> <td style="width: 30%;"></td> </tr> <tr> <td style="padding: 2px;">Types of Services Using</td> <td></td> </tr> <tr> <td style="padding: 2px;">Types of Data in the Cloud</td> <td></td> </tr> </table>	Outsourced Providers Using		Types of Services Using		Types of Data in the Cloud	
Outsourced Providers Using							
Types of Services Using							
Types of Data in the Cloud							

	d. Has the Applicant undertaken due diligence to assess the security of the Cloud Provider and to confirm that the provider’s practices comply with the applicable laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Where is the data stored and how is it secured?	
	f. If the cloud is interrupted, how does this affect the Applicant’s business operation?	
	g. How does the Applicant’s Business Continuity / Disaster Recovery Plan address a cloud outage?	

8. FUND TRANSFER

8.1 Please specify by marking the boxes below, the method of instruction and corresponding methods used to secure **Funds Transfers**?

		Password	Encryption	Code word	Call back	Other (please specify)
(a) Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Electronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(c) Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8.2 Can payment be made to an account which has not been pre-agreed? Yes No

8.3 Is the financial institution required to authenticate **Funds Transfer** instructions before payment is released? Yes No

9. LOSS HISTORY

9.1 Does the **Applicant** currently have a crime insurance policy in place? Yes No

If 'Yes', what is the:

(a) Limit of liability:									
(b) Deductible:									
(c) Expiry date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

9.2 Has the **Applicant** ever had any insurer decline a proposal, impose special terms, cancel or refuse to renew a crime insurance policy? Yes No

If 'Yes', please provide full details:

9.3 Has the **Applicant** faced one or more:

a. impersonation fraud attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. payment diversion attempts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. other fraud attempts involving the impersonation of employees or officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. ransomware or malware with a request to pay funds?.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, specify the number and circumstances

9.4 Please provide in the table below details of any losses (including cyber-attack and impersonation fraud) sustained during the past 5 years and before application of any deductible, retention or excess and whether insured or not.
(Attach an additional sheet as required)

Date Loss was Discovered	Location of Loss	Amount of Loss	Nature / description of Loss	Corrective / remedial action taken to prevent similar losses
D D M M Y Y Y Y				
D D M M Y Y Y Y				
D D M M Y Y Y Y				
D D M M Y Y Y Y				
D D M M Y Y Y Y				

10. REQUIRED INFORMATION

Please enclose with this proposal form:

- The latest Annual Report, Financial Accounts and Auditors letter to management of the **Applicant**.
- Any supplementary information which is material to any questions herein (on the **Applicant's** company letterhead paper).

DECLARATION

The undersigned authorised Chairman of the Board, Chief Executive Officer or General Partner of the Applicant:

- declares that this Proposal has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and
- agrees that if the information supplied in this Proposal changes between the date of this Proposal and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer (as defined in the policy) of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and
- agrees that this Proposal shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

Signed		Company	
Title	(Must be signed by Chairman of the Board, Chief Executive Officer or General Partner)	Date	D D M M Y Y Y Y

SIGNING THIS PROPOSAL FORM DOES NOT OBLIGE THE APPLICANT TO PURCHASE ANY INSURANCE