



SOCIAL ENGINEERING FRAUD SUPPLEMENTAL QUESTIONNAIRE

This questionnaire is a confidential document; its signature does not oblige the Policyholder to renew the insurance policy.

- 1. Name of the Policyholder.....
- 2. Number of individuals in the organization authorized to approve or execute fund transfers.....
- 3. Over the past 24 months has the Policyholder and / or its subsidiaries faced one or more employee impersonation or vendor payment diversion fraud attempts? If YES, specify number of incidents and amounts lost on a separate attachment to this questionnaire Yes No
- 4. Have you provided training/alert or raise the awareness of this type of fraud, at least annually, to all employees and directors of the Policyholder and all of its subsidiaries, globally? Yes No
- 5. With respects to all funds transfer requests from an employee or a supplier/vendor, does the Policyholder's policies and procedures require the employee receiving the request to obtain two approval signatures for such transfer, payment, or delivery of such funds? Yes No
 - a. Employee Impersonation Fraud
 - i. Does the employee receiving the request to verify the identity of the employee requesting such funds transfer through a call back number or an email to the requesting employee's contact information on file? Yes No
 - b. Vendor Payment Diversion Fraud
 - i. Does the employee receiving the request verify that the vendor is owed such requested funds? Yes No
 - ii. Does the employee receiving the request is required to perform a call back or send an email to the authorized supplier/vendor's address on file to confirm the change in the supplier/vendor's bank account information? Yes No

DECLARATION

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or omitted. I agree that this proposal form, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. I further undertake to inform Insurers of any material alteration to any information, statements, representations or facts presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy.

A material fact is one which would influence the acceptance or assessment of the risk.

All written statements and materials furnished to the insurer in conjunction with this application are hereby incorporated by reference into this application and made a part of it.

Location:..... Date:.....

CEO or Chairman of the Board of Directors or any authorized signatory of the Policyholder

Name :

Function :

Official Stamp of the Policyholder: