Casper Specialty UK Limited

Application for Social Engineering Loss Protection

Instructions for Completing this Application:
Please answer all questions fully. This application must be signed and dated by an authorized representative of the Applicant.

Applicant Entity Name:		
Address:		
City:	State:	ZIP:

1.	Does all offsite access to the Applicant's corporate network, including any Remote Desktop Protocol or similar application, require multi-factor authentication?	Please Select
2.	Is the authority to initiate funds or securities transfers limited to a specific job title?	Please Select
3.	Are the Applicant's employees with the authority to initiate funds or securities transfers provided anti-fraud training concerning the detection of phishing and other social engineering scams?	Please Select
4.	Does the Applicant have a documented policy which requires employees to:	
	a. verify all requested changes to vendor and client wire/ACH transfer instructions with a phone call to the vendor's or client's authorized personnel at a phone number previously verified by the Applicant?	Please Select
	b. confirm the wire/ACH transfer instructions for all funds transfer requests from new clients or vendors before initiating the first funds transfer to that client or vendor?	Please Select
5.	Do wire transfers and ACH payments exceeding a certain amount require dual authorization?	Please Select

6. List all funds transfer fraud, computer fraud or other cybercrime losses discovered by the Applicant in the last five years, itemizing each loss separately (attach additional pages if necessary):

☐ Check here if none.

Date of Loss	**Description of Loss** (Include controls that were circumvented, controls that were missing, and steps taken to remediate the causes of the loss)	**Total Amount of Loss (in Dollars)**	**Was the loss covered under another insurance policy?**
			Please Select
			Please Select

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge, the statements and answers given in and all materials submitted with this Application are true, accurate and complete. Any information requested herein is for underwriting purposes only and does not constitute notice to us of a claim, or a potential claim, under any Policy underwritten by us.

Signed: **Date:**