



# Bar Association Cyber Insurance

## Crime Supplementary Application Form

### 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
- 1.2 Please confirm that **before** any change is made to any client account, you obtain authorization from the client via an authentication method which is different to the original method you used to confirm the identification of the client:  Yes  No
- 1.3 Please confirm that **before** you transfer any client funds you obtain authorization from the client via an authentication method which is different to the original method you used to confirm the identification of the client:  Yes  No
- 1.4 Please confirm multi-factor authentication is always enabled on all of your email accounts:  Yes  No
- 1.5 Do you use a secure platform for all wire instructions/transfers in place of standard email instruction?  
If "yes", please provide details:
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- 1.6 Please confirm whether you provide all clients with a written warning that if they receive a request via email to make any change to their account 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 state, on average, how many transactions you process per month: (\$)
- 1.8 Please state:
- a) the average value of transactions you process: (\$)
- b) the amount of the largest transaction you have ever processed: (\$)
- 1.9 Please state whether you have dual authorization procedures in place for electronic fund transfers:  Yes  No  
If "yes", please provide details. If "no", please explain why:
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- 1.10 Please provide details of your Crime policy (if purchased) including limit, deductible and insurance carrier:
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### 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](http://www.cfcunderwriting.com/privacy)

Contact Name:  Position:

Signature:  Date (MM/DD/YYYY):