



**FRAUDULENT IMPERSONATION
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT GREAT CENTRAL INSURANCE COMPANY**, A LICENSED INSURER.

Entity Name:	Date:
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Limit Requested: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$250,000	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500	Coverage Requested for: <input type="checkbox"/> Employees Only <input type="checkbox"/> Vendors/Customers Only <input type="checkbox"/> BOTH employees AND vendors/customers
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Verification Requirements (precondition of coverage): Note-The insured **must** maintain Verification records in the event of a claim.

All Transfers
 All Transfers over \$ _____
 No requirements (available for \$25,000 and \$50,000 limits only)

*****Complete the following for limits greater than \$50,000*****

Internal Controls	Employees	Vendors / Customers
1. Do you have procedures in place to verify new employees, or vendors and customers prior to initiating any financial transactions with them? Check all that apply.	<input type="checkbox"/> Credit/background check, or D&B Report <input type="checkbox"/> Bank Account information <input type="checkbox"/> Confirmation of physical location <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Credit/background check, or D&B Report <input type="checkbox"/> Bank Account information <input type="checkbox"/> Confirmation of physical location <input type="checkbox"/> Other (specify): _____
2. Do you verify all requested Fund Transfer AND account change instructions (such as bank account, routing number, contact information) with a direct phone call to an authorized representative, at a phone number provided prior to initiating financial transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are call backs made by someone other than the employee who received the instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are these requested changes or instructions approved by a next level officer, manager or supervisor prior to processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been fraudulently persuaded to part with any assets due to phishing, spear phishing, or other fraudulent impersonation pretense? *If "Yes", please provide an attachment to this application including the following: <ul style="list-style-type: none"> • Date of loss • Amount of loss • What corrective measures have since been implemented • Details of the event • Were any controls circumvented or not in place 	<input type="checkbox"/> Yes* <input type="checkbox"/> No	<input type="checkbox"/> Yes* <input type="checkbox"/> No

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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