

Crime Questionnaire

You may provide any further additional information by means of a separate attachment if necessary.

1

General information

a. Name(s) of Applicant

2

Does the applicant:

- | | | |
|--|-----|----|
| a. Allow employees who reconcile the monthly bank statements to also sign checks/handle deposits/fund transfers? | Yes | No |
| b. Have a process in place to verify the existence and ownership of all new vendors prior to adding them to the authorized vendor list? | Yes | No |
| c. Verify invoices against a corresponding purchase order, receiving report and the authorized master vendor list prior to issuing the payment? | Yes | No |
| d. Have a group recruitment policy which assesses the suitability for all positions including background checks and criminal record checks? | Yes | No |
| e. Require references, background and criminal record checks for positions of key managerial influence where such position would have influence over company or customer assets or monies? | Yes | No |
| f. Have established employee leaving procedures including termination of computer access? | Yes | No |
| g. Have an employee handbook? | Yes | No |
| If 'Yes', | | |
| 1. Does it clearly define the individual duties of each employee? | Yes | No |
| 2. Does it address security procedures and code of conduct including confidentiality provisions? | Yes | No |
| h. Provide training on security and compliance procedures? | Yes | No |

3

Computer and fund transfer controls

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|---|----------------------|----|
| a. Number of directors/employees with banking and fund authorization access? | <input type="text"/> | |
| b. Do you maintain levels of authority for the approval of purchases? | Yes | No |
| c. Do you have a written policy regarding the setting up electronic funds transfer? If yes please describe the policy | Yes | No |

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|--|-----|----|
| d. Do you provide training and education to all employees regarding phishing? | Yes | No |
| e. Do you have a procedure in place to verify new clients (including including verification checks and conflict checks prior to initiating any financial transaction with them?) | Yes | No |
| f. Are all fund transfers subject to dual authentication? | Yes | No |
| g. Are all fund transfers secured by passwords? | Yes | No |
| h. Do you have a procedure in place to verify existing vendors and banking details when asked to amend vendor account details? | Yes | No |
| i. Do you accept fund transfer instructions by telephone? If so, please use the additional notes space below to describe what procedures you have in force to ensure the authenticity of any caller. | Yes | No |

4 Claims

- | | | |
|---|-----|----|
| a. Within the last 3 years have you suffered any incidents of employee theft, forgery, computer fraud, electronic theft, telecommunications fraud, social engineering or any other crime related losses or incidents? | Yes | No |
|---|-----|----|

Additional notes

Please use this box to enter additional information if required.

Declaration

This questionnaire is supplementary documentation and forms part of the application submission for insurance.

The undersigned is an authorized principal, director, risk manager or employee of the applicant and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. Such reasonable inquiry includes all necessary inquiries to fellow principals, directors, risk managers, or employees to enable you to answer questions accurately.