

Application

COMPUTER CRIME FOR FINANCIAL INSTITUTIONS

FL- 033 COMP CRIME



APPLICATION IS HEREBY MADE BY (List all insured's) _____

PRINCIPAL ADDRESS (herein called insured) _____

FOR A COMPUTER CRIME POLICY FOR FINANCIAL INSTITUTIONS TO BECOME EFFECTIVE AS OF 12:01 A.M. ON TO 12:01 A.M. ON IN THE AGGREGATE

LIMIT OF LIABILITY OF \$ _____

DATE INSURED WAS ESTABLISHED _____ NAME OF PRIOR CARRIER _____

1. INSURED IS A (CHECK THE APPROPRIATE BOX): ☐ COMMERCIAL BANK , ☐ SAVINGS BANK , ☐ SAVINGS AND LOAN ASSOCIATION
☐ CREDIT UNION, ☐ STOCKBROKER , ☐ INVESTMENT BANKER , ☐ FINANCE COMPANY , ☐ INSURANCE COMPANY , ☐ OTHER

2. FOR ALL INSURED'S, SHOW THE TOTAL NUMBER OF: NO. OF

(A) SALARIED OFFICERS, EMPLOYEES AND PERSONS PROVIDED BY EMPLOYMENT CONTRACTORS _____

(B) LOCATIONS (OTHER THAN THE HOME OFFICE OF THE FIRST NAMED INSURED) IN THE U.S. AND CANADA, PUERTO RICO

AND VIRGIN ISLANDS _____

(C) NUMBER OF LOCATIONS OUTSIDE THE U.S., CANADA, PUERTO RICO AND VIRGIN ISLANDS _____

3. SINGLE LOSS LIMIT SINGLE LOSS DEDUCTIBLE

COMPUTER SYSTEMS FRAUD COVERAGE \$ _____ \$ _____

(A) INSURED'S COMPUTER SYSTEM(S)

FOR THE COMPUTER SYSTEM(S) YOU OPERATE, WHETHER OWNED OR LEASED, COMPLETE THE FOLLOWING:

(1) NUMBER OF INDEPENDENT SOFTWARE CONTRACTORS AUTHORIZED TO DESIGN, IMPLEMENT OR SERVICE PROGRAMS FOR YOUR SYSTEM(S) _____

(2) IS ACCESS TO YOUR SYSTEM(S) BY CUSTOMERS OR OTHER OUTSIDE PARTIES PERMITTED, OTHER THAN BY AUTOMATED TELLER
MACHINES, PERMITTED (E.G. BY COMPUTER, TERMINAL OR TOUCHTONE TELEPHONE KEYPAD, ETC)? YES ☐ NO ☐

(3) NUMBER OF AUTOMATED TELLER MACHINES _____

(B) OTHER COMPUTER SYSTEMS

(1) CHECK IF COVERAGE IS DESIRED FOR:

AUTOMATED CLEARING HOUSES USING FEDERAL RESERVE COMPUTER FACILITIES ☐ , FED WIRE ☐ , CHIPS ☐ , SWIFT ☐

(2) LIST BELOW OTHER COMPUTER SYSTEMS FOR WHICH COVERAGE IS DESIRED: (For Automated Teller Machine Systems, complete item (c) below.)

COMPUTER SYSTEM(S): _____

(3) LIST BELOW SHARED OR OTHER PARTICIPATORY AUTOMATED TELLER MACHINE SYSTEMS FOR WHICH COVERAGE IS DESIRED:

ATM SYSTEMS(S): _____

(C) IS COVERAGE DESIRED FOR TESTED TELEX OR OTHER SIMILAR MEANS OF TESTED COMMUNICATION? YES ☐ NO ☐

4. COMPLETE THE FOLLOWING FOR OPTIONAL COVERAGES DESIRED:

FORM OF COVERAGE		SINGLE LOSS LIMIT	SINGLE LOSS DEDUCTIBLE
(A) IS DATA PROCESSING SERVICE OPERATIONS COVERAGE DESIRED?	YES ☐ NO ☐	\$ _____	\$ _____
(B) IS VOICE INITIATED TRANSFER FRAUD COVERAGE DESIRED? If "yes", what is the dollar amount of the call-back threshold to the originator of an instruction?	YES ☐ NO ☐	\$ _____	\$ _____
(C) IS TELEFACSIMILE TRANSFER FRAUD COVERAGE DESIRED? If "Yes", what is the dollar amount of the call-back threshold to the originator of an instruction?	YES ☐ NO ☐	\$ _____	\$ _____
(D) IS DESTRUCTION OF DATA OR PROGRAMS BY HACKER COVERAGE DESIRED? If "Yes", is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?	YES ☐ NO ☐	\$ _____	\$ _____
(E) IS DESTRUCTION OF DATA OR PROGRAMS BY VIRUS COVERAGE DESIRED? If "Yes", is coverage desired for restoration of damaged or destroyed computer programs in the event such programs cannot be duplicated from other computer programs?	YES ☐ NO ☐	\$ _____	\$ _____
(F) IS VOICE COMPUTER SYSTEMS COVERAGE DESIRED?	YES ☐ NO ☐	\$ _____	\$ _____

5. HAS ANY INSURANCE SIMILAR TO THE KINDS PROVIDED UNDER THIS POLICY, BEEN DECLINED OR CANCELED DURING THE PAST THREE YEARS?

YES ☐ NO ☐ If "Yes", explain: _____

6. LIST ALL LOSSES SUSTAINED DURING THE PAST THREE YEARS FOR ANY INSURANCE SIMILAR TO THE KINDS PROVIDED UNDER THIS POLICY, WHETHER REIMBURSED OR NOT FROM TO

CHECK IF NONE ☐ (MO, DAY, YEAR) ☐ (MO, DAY, YEAR)

DATE OF LOSS	TYPE OF LOSS	AMOUNT OF LOSS	AMOUNT RECOVERED FROM INSURANCE	AMOUNT RECOVERED FROM OTHER THAN INSURANCE	AMOUNT OF LOSS PENDING	IF LOSS OCCURRED AT OTHER THAN MAIN OFFICE, STATE LOCATION
		\$	\$	\$	\$	\$

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUND FOR THE RESCISSION OF ANY BOND ISSUED IN RELIANCE UPON SUCH INFORMATION.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

DATED AT _____ THIS _____ DAY OF _____

(Insured) BY _____
(Name and Title)

AIG Insurance Company-Puerto Rico
250 Muñoz Rivera Ave., Suite 500, Hato Rey, PR 00918,
PO Box 10181, San Juan, Puerto Rico 00908-1181
TEL: 787.767.6400
www.aig.com.pr