



STARR COMPANIES FRAUDULENT IMPERSONATIONS COVERAGE QUESTIONNAIRE

Insured Name: [Click here to enter text.](#)

Insured Web Site(s):

SECTION 1

Are all wire transfers subject to at least three steps including (a) initiation (b) approval (3) release, and, are these steps completed by two or more authorized individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all Company initiated ACH and similar transfers subject to at least two steps including (a) initiation (b) release?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a call-back, email, text or similar notification process in place within 24 hours for all electronic transfers of funds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the notification go to an individual, other than any person involved in the initiation, approval or release of any wire transfer, ACH or similar transaction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does/do the Company's banking partners require independent approval of new user access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Company require second level internal approval of new user access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all changes to user profiles require independent approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all changes to user profiles require second level internal approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are daily alerts received/reviewed for any vendor, supplier or customer attempting to initiate an external ACH payment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a weekly (or more frequent) review of transfers, ACH payments or similar transactions greater than \$10,000 conducted to validate proper support exists and payment is appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does/do the Company's banking partners report of "one time" users or alternate payees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Applicant provide guidance and periodic anti-fraud training to employees concerning the detection of phishing and other social engineering scams? If so, please state the date of the last training and provide a copy of any related written materials (e.g. presentations)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Company utilize firewall technology at all Internet points-of-presence to thwart unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Company use antivirus software on all desktops and portable computers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2

Has the Company ever sustained a significant system intrusion, data destruction or loss, virus, hacking or similar incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Company identified any actual or attempted intrusions into its email systems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the Company ever sustained any actual or attempted fraudulent transfer of funds from its accounts (including any event where the financial institution reimbursed or otherwise provided protection to the Company for the loss)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

For any "No" answers in Section 1 above, provide a detailed description of the alternate controls that are in place to prevent/detect fraudulent activities.

For any "Yes" answers in Section 2 above, provide a detailed description of the incident and describe the controls implemented to prevent/detect a recurrence of the same.

Signature of Applicant:

Date: