

# CRIME POLICY APPLICATION



## Requested Limits:

\$250,000   
  \$500,000   
  Other \_\_\_\_\_

### APPLICANT INFORMATION:

Name of Applicant: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Year established: \_\_\_\_\_  Title Agency     Law Firm     Other \_\_\_\_\_

### DESCRIPTION OF YOUR ORGANIZATION

Are you a (check the appropriate box)     Proprietorship     Partnership     Corporation     Other \_\_\_\_\_

Complete the following table indicating all additional entities for which coverage is requested:

Name of Entity	Description of Operations and Relationship to the Applicant

### EMPLOYEE / LOCATION/EXPOSURE INFORMATION

Number of employees at all locations: (Excluding Owners/Partners) \_\_\_\_\_ \*Total number of locations \_\_\_\_\_

\* For additional locations, please list each name if entity, location on company letterhead

### FINANCIAL INFORMATION

Scope of financial statement preparation:

Internal   
  CPA Compilation   
  CPA Review   
  CPA Audit   
  None

*If requesting a limit of \$250,000 or \$500,000 complete the **Revenue** line only. For a \$1,000,000 limit complete all **8 lines**, for a higher limit underwriters require a **CPA statement**.*

For your most recent fiscal year end (\_\_\_\_/\_\_\_\_/\_\_\_\_) please complete the following financial information:

Current Assets	\$ _____	<b>Revenues</b>	\$ _____
Total Assets	\$ _____	Net Income (Net Loss)	\$ _____
Current Liabilities	\$ _____	Cash flow from Operations	\$ _____
Long Term Debt	\$ _____	Net Equity/Net Assets (Deficit Equity)	\$ _____

CURRENT COVERAGE	CARRIER	LIMIT	EXPIRATION DATE
Professional Liability (E&O)	_____	\$ _____	_____
Fidelity Bond	_____	\$ _____	_____
Surety Bond	_____	\$ 35,000	_____
Cyber Liability	_____	\$ _____	_____

# CRIME POLICY APPLICATION

## 1. INTERNAL CONTROLS

- a. Do you deposit and disburse funds for Closing and Settlement? .....  Yes  No
- b. Have you been operating as a title agent under this or any other name for at least 3 years? .....  Yes  No
- c. Are separate files and accounting records maintained for each account? .....  Yes  No
- d. Does each file contain loan closing instructions? .....  Yes  No
- e. Does the file contain documentation of compliance with instructions? .....  Yes  No
- f. Are all closing funds deposited into separate trust accounts? .....  Yes  No
- g. Are all escrow or trust funds reconciled by an independent party on a monthly basis? .....  Yes  No
- h. Are you periodically audited by the title companies you represent? .....  Yes  No
- i. Does the principal or anyone having ownership interest have any unsatisfied judgments or liens? .....  Yes  No
- j. Indicate if you have or perform any of the following during the hiring process (check all that apply)
- Prior employment verification    Drug testing    Education verification    Credit history    Criminal history
- k. Does someone other than the person responsible for reconciling bank accounts:
- Make deposits    Yes  No      Make withdrawals?    Yes  No      Sign checks    Yes  No
- l. Is countersignature of checks required? .....  Yes  No
- m. Are all incoming checks stamped "For Deposit Only" immediately upon receipt? .....  Yes  No

## 2. COMPUTER AND FUNDS TRANSFER CONTROLS

- a. Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? .  Yes  No
- b. Are passwords and access codes changed at regular intervals and when users are terminated? .....  Yes  No
- c. Are computer programmers permitted to use machines with programs they have written? .....  Yes  No
- d. Are computer check writing functions separate from check authorization? .....  Yes  No
- e. Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested?  Yes  No
- f. Is there physical and functional segregation of personnel and periodic job shifts or job rotations? .....  Yes  No
- g. Is dual authorization required for all wire transfers? .....  Yes  No
- h. What is the average daily dollar volume of electronic funds transfers? .....\$\_\_\_\_\_
- Check if not applicable**
- i. Are transfer verifications sent to an employee or department other than the one that initiated the transfer? ...  Yes  No
- j. What is the average daily escrow (trust) account balance? .....\$\_\_\_\_\_

## LOSS INFORMATION

- Has the Applicant or any proposed insured sustained any crime-related losses in the past 3 years? .....  Yes  No
- If Yes, please describe on letterhead.*

\_\_\_\_\_  
Signature\* of Applicant's Authorized Representative  
(Partner, Principal or Officer)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Return to:

**TITLE PAC**  
  
15200 Traditions Blvd Bldg C  
Edmond, OK 73013

Email: [underwriting@titlepac.com](mailto:underwriting@titlepac.com)  
Fax: 918-683-6842

# SUPPLEMENTAL APPLICATION

## SUPPLEMENTAL APPLICATION FOR COVERAGE FOR FRAUDULENTLY INDUCED TRANSFERS UNDER THE CRIME PROTECTION POLICY

Application is hereby made by \_\_\_\_\_  
(List all Insureds)

Principal Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip Code)

for  
Insuring Agreement Limit of Insurance Deductible Amount \$  
Coverage for Fraudulently Induced Transfers \$ \_\_\_\_\_ \$ \_\_\_\_\_

to become effective or to be continued as of 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. \_\_\_\_\_

### 1. INTERNAL CONTROLS - CUSTOMERS:

(a) Do you have procedures to verify the identity and authenticity of new customers before entering into transactions with them?  Yes  No

*If so, explain your screening procedures for new customers*

\_\_\_\_\_

(b) Indicate whether you follow the following specific procedures:

- i) Investigate new customers through a credit reporting agency  Yes  No
- ii) Verify and confirm the customer's bank account information (account numbers, routing numbers, bank name and address) by calling the bank directly  Yes  No
- iii) Verify any request to change the customer's bank account information by calling the customer at a telephone number previously provided by the customer  Yes  No
- iv) Verify and confirm that the amount requested to be transferred equals the amount due to the customer  Yes  No

(c) Do you accept funds transfer instructions from customers over the telephone, fax, email or some other electronic communications method?  Yes  No

*If yes, please describe your procedures to authenticate the instructions*

\_\_\_\_\_

(d) Do you control access to customer information in your computer systems?  Yes  No

*If yes, please indicate whether you:*

- i) Implement access controls and firewalls in your database of customer information  Yes  No
- ii) Restrict access to only particular employees of yours  Yes  No
- iii) Require the customer to authenticate his or her identity using passwords, personal identification numbers, shared secrets, tokens or biometrics before the customer may access his or her data.  Yes  No

(e) Do you control the dissemination of customer information?  Yes  No

*If yes, please indicate whether you:*

- i) Have a company policy prohibiting the dissemination of any personally identifiable information pertaining to the customer  Yes  No
- ii) Provide customer information only to a designated representative of the customer  Yes  No
- iii) Require the customer requesting customer data to authenticate his or her identity using passwords, personal identification numbers, shared secrets, tokens or biometrics  Yes  No

**2. INTERNAL CONTROLS- EMPLOYEES**

(a) Do you accept funds transfer instructions from your employees, officers and owners over the telephone, or by fax, email or some other electronic communications method?  Yes  No  
If yes, please describe your procedures to authenticate the instructions

\_\_\_\_\_  
\_\_\_\_\_

(b) Do you verify any request to transfer funds made by an employee, officer or owner by calling back the employee, officer or owner at the telephone number listed in your company directory?  Yes  No

**3. WIRE TRANSFER CONTROLS**

(a) Is there a written policy regarding wire transfers?  Yes  No

(b) What is the average monthly number of fund transfers? \_\_\_\_\_

(c) What is the largest single amount that can be transferred? \_\_\_\_\_

(d) Do all your employees receive training on social engineering or phishing scams?  Yes  No

(e) Do wire transfers to an account outside the United States require review and approval by a supervisor?  Yes  No

(f) Is the authority to execute wire transfers limited to specified employees?  Yes  No

5. 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 grounds for the rescission of any policy issued in reliance upon such information.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Insured)

\_\_\_\_\_  
(Name and Title)

Return to:



15200 Traditions Blvd Bldg C  
Edmond, OK 73013

Email: [underwriting@titlepac.com](mailto:underwriting@titlepac.com)

Fax: 918-683-6842

# CRIME PROTECTION COVERAGE HIGHLIGHTS

## **Employee Dishonesty:**

We will pay for the loss of, and the loss from damage to money, securities and other property resulting directly from dishonest acts committed by an employee, whether identified or not, acting alone or in collusion with other persons.

## **Forgery or Alteration:**

We will pay for the loss resulting directly from forgery or alteration of checks, drafts, promissory notes, or similar promises, orders, or directions to pay a sum certain in money that are:

- 1) Made or drawn by or drawn upon you;
- 2) Made or drawn by one acting as your agent.

## **Computer Fraud:**

We will pay for the loss of, and loss from damage to, money, securities and other property resulting directly from the use of any computer to fraudulently cause a transfer of that property from inside the premises or banking premises:

- a. To a person (other than a messenger) outside those premises; or
- b. To a place outside those premises.

## **Money Orders and Counterfeit Paper Currency:**

We will pay for the loss resulting directly from your having accepted in good faith, in exchange for merchandise, money or services.

## **Funds Transfer Fraud:**

We will pay for loss of funds resulting directly from a fraudulent instruction directing financial institution to transfer, pay or deliver funds from your transfer account.

## **\*Fraudulently Induced Transfers:**

We will pay for the loss of funds resulting directly from a fraudulently induced transfer causing the funds to be transferred from your premises or banking premise to a person, entity, place or account outside of your control.

### **\*Conditions (for Fraudulently Induced Transfers):**

It is a condition precedent to coverage under this Insuring Agreement that before forwarding the payment order to a financial institution or issuing a check, you verified the authenticity and accuracy of the instruction received from the purported Employee, customer, Vendor or Owner, including routing numbers and account numbers, by calling, at a predetermined telephone number, the Employee, customer, Vendor or Owner who purportedly transmitted the instruction to you, or by some other out of band verification procedure approved in writing by us, and you preserved a contemporaneous written record of this verification.

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*The information contained herein is not part of the insurance policy, and may not be used to modify any insurance policy that may be issued. In the event the actual policy forms is inconsistent with any information provided herein, the language of the policy forms shall govern.*