



COMMERCIAL CRIME

This questionnaire is a confidential document; its signature does not oblige the Policyholder to renew the insurance policy.

1. Name of the Policyholder

.....

2. Have measures, plans or controls been implemented within the Policyholder and its Subsidiaries to prevent or limit fraud in form of impersonation of your directors, officers or employees (impersonation fraud) and impersonation of your suppliers/vendors (payment diversion fraud)? Yes No
If YES, other than those controls highlighted in the rest of this questionnaire, please attach details_

3. Over the past 24 months has the Policyholder and / or its Subsidiaries faced one or more
a. impersonation fraud attempts? Yes No
b. payment diversion attempts? Yes No
c. other fraud attempts involving the impersonation of employees or officers? Yes No

If YES, specify the number and circumstances: _____

4. Have you circulate the AIG Fraud Alert to all employees and directors of the Policyholder and its Subsidiaries?..... Yes No
If no, provide details of what information you have circulated regarding this type of fraud, including, medium/format, period(s)/frequency, function(s) of the person(s) who sent or is/are in charge of this information, and recipients.

Do you systematically provide all new employees with this information? Yes No

5. Have your telephone call reception desks (or outsourced providers) been warned about the dangers of providing names and contact details of finance department staff to callers "phishing" for information? Yes No

6. For the communication internally to request a fund transfer of more than USD10,000, are such instructions made by
i. telephone? Yes No
ii. e-mail? Yes No
iii. telex or telefacsimile?..... Yes No
iv. written instruction? Yes No
v. other (please describe)? Yes No

- Are all such instructions subject to authentication by the employee receiving the request by
- a. making a call back to the requestor using a predesignated telephone number held on file for the purpose of call back? Yes No
 - b. verifying that the requestor has the authority to make such instruction?..... Yes No
 - c. prior to the payment request being actioned, ensuring supporting documentation of the payment transfer request is provided? Yes No
 - d. verifying that any signature provided on any written instruction or telefacsimile matches that held on file? Yes No
 - e. for e-mail instructions, verifying the requestors work e-mail address has been used? .. Yes No
 - f. for telex or telefacsimile, ensuring the test key/algorithm matches that held on file? Yes No
7. With respect to vendors/suppliers,
- a. are all requests for payment subject to verification that such vendor/supplier is owed such funds?..... Yes No
 - b. prior to payment, are payment details verified with those held on file? Yes No
 - c. are changes to payment details
 - i. made under dual control?..... Yes No
 - ii. subject to verification by a telephone call or e-mail to a number / e-mail address of an authorised vendor contact held on file for the purpose of verification, in advance of any change to confirm the new bank account information? Yes No
8. Are all payments for more than USD10,000/EUR10,000 or local currency equivalent made under dual control, such that the payment approval is subject to review and authorisation by two employees, neither of whom is the initiator of the payment request? Yes No

DECLARATION

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or suppressed. I agree that this proposal form, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. I further undertake to inform Insurers of any material alteration to any information, statements, representations or facts presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy.

A material fact is one which would influence the acceptance or assessment of the risk.

All written statements and materials furnished to the insurer in conjunction with this application are hereby

Location:.....

Date:.....

CEO or Chairman of the Board of Directors or any authorised signatory of the Policyholder

Name :

Function :

Signature :

Official stamp of the Policyholder: