

1. Who within the insured is authorized to approve any transfer of the insured's funds to a third party?
2. What is the insured's average sized transfer of money, and its largest single transfer of money, during a 12-month period?
3. What is the insured's average amount of electronic payment and funds transfer transactions that it processes each month?
4. Does the insured provide cybercrime prevention, social engineering prevention, and cybersecurity awareness training for all of its employees?
5. What procedures does the insured have in place to verify the authenticity of any payment or funds transfer request?
6. Is a secondary means of communication required to validate the authenticity of any request to transfer funds before it is approved and processed?





- 7. Is a secondary means of communication required to validate the authenticity of any request to change the details of any bank account that the insured sends money to, or that it receives money into?

- 8. Does the insured use multi-factor authentication (MFA) for all access to its email accounts?

- 9. What is the insured's total amount of fundraising in the last 24 months and the total amount of assets listed in its most recent financial statements?

SIGNATURE PANEL

Must be signed by an Executive Officer of the Applicant.

Authorized signature

Date

Typed or printed name: _____

Title: _____