

PLASTIC CARD INSURANCE

PROPOSAL FORM

PLEASE NOTE. Every Proposer or Assured when seeking a quotation, taking out or renewing an Insurance Policy, is required to advise to the prospective Insurers any material fact or information which might affect the judgement of the Insurer in deciding whether to accept the insurance or assessing the conditions of that insurance. Failure to observe this obligation could avoid any contract entered into at inception.

IMPORTANT: This proposal forms the basis of the contract between your organisation and the Underwriters, therefore please answer each question fully. Where there are "Yes" and "No" boxes provided for certain questions, a tick or cross in one of these boxes will suffice. If, however, additional information or explanation is necessary, this must be provided. To avoid confusion please answer "Not Applicable" where a particular question does not apply to your organisation. Where sufficient room is not available, a separate sheet should be attached.

GENERAL INFORMATION

1. Name of Proposer: _____

2. Address of Head Office / Issuing Office: _____

3. Name of Plastic Card Member Scheme(s): _____

4. Date Plastic Card Issuing Operations were established: _____

5. Do you have a Card Security Department? Yes _____ No _____

6. Do you have a staff training and Procedures Manual? Yes _____ No _____

7. Are all new staff trained and existing staff re-trained on a continuous basis? Yes _____ No _____

8. How do you screen potential employees? (Credit checks, police, previous employers, individual applications, etc.) _____

9. Is your organisation involved with another party's systems in respect of the following? (If so please provide details) :

- Settlements _____
- Transaction Monitoring _____
- ATM Networks _____
- Electronic Data Capture _____
- Other (please describe) _____

PHYSICAL SECURITY

27. Do you undertake all embossing in-house? Yes_____ No_____

28. Do you assume all card transit responsibility? Yes_____ No_____

If either of the above questions are answered “No”, please confirm full hold-harmless agreement exists between the parties and/or full value each and every loss insurance exists against which the Proposer has rights of recovery.

Yes_____ No_____

29. Are cards (including blank cards), embossing machines and all related equipment / software kept:

(a) In a locked safe or vault when not in process? Yes_____ No_____

(b) Under dual control? Yes_____ No_____

30. What is the frequency of card audits? (including blank cards)

31. What are the handling procedures for misembossed or faulty cards?

32. Please give full details of the security features of the cards -

CVC / CVV 1 Yes_____ No_____

CVC / CVV 2 Yes_____ No_____

Security Printing Yes_____ No_____

Hologram Yes_____ No_____

Photograph Yes_____ No_____

Other (Please Describe) _____

33. Please confirm that where a card is used in an acceptable ATM Network, the CVV/CVC will be checked.

Yes _____ No _____

LOSSES

34. Please give full information for the past 3 years of any reported or attempted losses which have occurred in respect of blank, processed or partially processed cards?
(Please attach an additional sheet if required)

35. Please list the number of fraudulent cards and the corresponding loss amounts per year for the last three calendar years for:

	Year	Number of Cards	Electronic Amount of Loss	Voucher Amount of Loss
a) Lost/Stolen Cards				
b) Fraudulently Altered Cards				
c) Counterfeit Cards				

36. Are all lost/stolen cards cancelled with immediate effect upon discovery thereof?

Yes _____ No _____

37. What use is made of hot-card files / hot-lists?

CARD MONITORING PROCEDURES

38. Do you have a fully operational in-house positive response authorisation centre? Yes_____ No_____

39. Please provide details of any organisation(s) processing transactions on your behalf and the approximate volumes. _____

40. Are there arrangements for any back-up or auxiliary power for your computer? Yes_____ No_____

41. Describe time schedules for up-dating data storage: _____

42. Is access to all card management and related operational software restricted to fully trained employees of the Proposer only? (If not then whom) Yes_____ No_____ _____

43. Do you make use of any of the following security procedures?

Address Verification (MO/TO)	Yes_____	No_____
Neural Network Monitoring (eg.CRIS)	Yes_____	No_____
Authentication Routines	Yes_____	No_____
Other (Please Describe)	_____	

44. Please give full details and frequency of reports which are run to detect irregular activity of any cardholder, and by whom.

45. Please advise what subsequent action is taken following the detection of irregular card activity and by whom. (Including time schedule for card blocking.)

46. Please provide details of training procedures in respect of 42 above.

47. What is the time delay between cardholder transaction, detection of irregular activity and subsequent action being taken?

48. Please provide details of any further risk management procedures undertaken by the Proposer.

PARTICULARS OF COVERAGE

49. Details of coverage required. _____

50. State limit of indemnity required: _____

51. Have you in existence any Plastic Card insurance? Yes _____ No _____

If yes, state: aggregate limit of liability, _____

aggregate deductible, _____

maximum recoverable any one card, _____

and with whom arranged (Insurer). _____

52. Has any proposal for insurance of this nature been declined by any Underwriter at Lloyd's or insurance company or has any policy been cancelled, renewal thereof refused, or restrictive terms imposed? Yes _____ No _____

If yes, give the reasons stated: _____

Are you aware of any circumstances that might materially effect this application.

Yes _____ No _____

If so, please explain:

It is warranted that the particulars and statements contained in the Proposal Form for the proposed Policy and any materials submitted herewith (which shall be retained on the file by Underwriters and be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

We declare that the statements and particulars in the Proposal Form are true and that we have not misstated or suppressed any material facts. We agree that this Proposal Form, together with any other information supplied by us shall form the basis of any Contract of Insurance effected thereon and shall be incorporated therein. We undertake to inform Underwriters of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer to complete this insurance.

Dated this day of..... 19

For and on behalf of

Signed

Title of Officer.....

Signed

Title of Officer.....