



## Insurance application form

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

## How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

## Section 1: Company Details

-	stion is company Betains						
7.7	Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions						
	Company name:						
	Primary Address (Address, St	tate, ZIP, Country):					
	Website Address:						
1.2	Date the business was estab	lished (MM/DD/YYYY):					
1.3	Please state your gross rever	nue in respect of the following ye	ears:				
		Last complete FY	Estimate for current FY	Estimate for next FY			
	Domestic revenue:	\$	\$	\$			
	Other territory revenue:	\$	\$	\$			
	Total gross revenue:	\$	\$	\$			
	Profit (Loss):	\$	\$	\$			
1.4	Please provide details for the primary contact for this insurance policy:						
	Contact name:		Position:				
	Email address:		Telephone number:				





## Section 2: Activities

2.1 Please describe below the services supplied by your business:

Please provide an approximate breakdown of how your	revenue is generated:			
Please complete the following in respect of your 5 large	st jobs in the last 3 years:			
Client name:	Professional services:	Gross revenue:		
		\$		
		\$		
		\$		
		\$		
		\$		
Do you employee subcontractors? Yes No				
If "yes", please state:				
a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors: %				
b) whether you sign reciprocal hold harmless agreemen	nts: Yes No			
	errors and omissions and general liability	insurance: Yes No		





## Section 3: Management Liability

Only complete this section if you require managment liability cover

3.1	Have you in the past 3 years, or do you during the next 12 months, have plans to:
	a) sell all or part of the company? Yes No
	b) be involved in any mergers, acquisitions or divestments? Yes No
	c) change your capital structure? Yes No
	d) raise any new capital? Yes No
	If "yes" to any of the above, please provide details:
3.2	Is the company listed on any stock exchange or other securities? Yes No
	If "yes", please state:
	a) the ticker symbol:
	b) the number of shareholders or unitholders there are in the company:
	c) the total number of shares or units owned by senior executive officers:
	d) the number of shares or units outstanding in the company:





## Section 4: Cyber Security Risk Management

Only comp	lete this se	ection if vo	u require c	vber cover

	e information you hold and provide							
Please describe the most valuable	data assets you store:							
Please state:								
a) who is responsible for IT security	within your business (by job title):							
b) how many years have they been i	n this position:							
c) whether you comply with any internationally recognized standards for information governance: Yes No								
c) whether you comply with any inte	ernationally recognized standards fo	or information governance: Y						
c) whether you comply with any inte								
	lease state the internationally reco	gnized standards with which yo	u comply:					
If you answered "yes" to c) above, p  Please tick all the boxes below that	lease state the internationally reco	gnized standards with which yo	u comply:					
If you answered "yes" to c) above, p  Please tick all the boxes below that business services:	lease state the internationally reco	gnized standards with which yo	u comply: ho you rely upon to provide critical					
Please tick all the boxes below that business services:  Adobe	relate to companies or services wh	gnized standards with which yo ere you store sensitive data or w Dropbox	u comply: ho you rely upon to provide critical Google Cloud					
Please tick all the boxes below that business services:  Adobe  IBM	relate to companies or services wh  Amazon Web Services  Microsoft 365  SAP  relate to controls that you currently	ere you store sensitive data or w  Dropbox  Microsoft Azure  Workday	u comply:  ho you rely upon to provide critical  Google Cloud  Oracle Cloud  IT infrastructure (including where					
Please tick all the boxes below that business services:  Adobe  IBM  Salesforce  Please tick all the boxes below that	relate to companies or services wh  Amazon Web Services  Microsoft 365  SAP  relate to controls that you currently	ere you store sensitive data or w  Dropbox  Microsoft Azure  Workday	u comply:  ho you rely upon to provide critical  Google Cloud  Oracle Cloud  IT infrastructure (including where					
Please tick all the boxes below that business services:  Adobe  IBM  Salesforce  Please tick all the boxes below that provided by a third party). If you're to the provided by a third party.	relate to companies or services wh  Amazon Web Services  Microsoft 365  SAP  relate to controls that you currently unsure of what any of these tools ar	ere you store sensitive data or w  Dropbox  Microsoft Azure  Workday  have implemented within your e, please refer to the explanation	u comply:  ho you rely upon to provide critical  Google Cloud  Oracle Cloud  IT infrastructure (including where a on the final page of this documen					
Please tick all the boxes below that business services:  Adobe  IBM  Salesforce  Please tick all the boxes below that provided by a third party). If you're to Advanced Endpoint Protection	relate to companies or services wh  Amazon Web Services  Microsoft 365  SAP  relate to controls that you currently unsure of what any of these tools ar	ere you store sensitive data or w  Dropbox  Microsoft Azure  Workday  have implemented within your e, please refer to the explanatior  Asset Inventory	u comply:  ho you rely upon to provide critical  Google Cloud  Oracle Cloud  IT infrastructure (including where a on the final page of this documen)  Custom Threat Intelligence					
Please tick all the boxes below that business services:  Adobe  IBM  Salesforce  Please tick all the boxes below that provided by a third party). If you're to Advanced Endpoint Protection  Database Encryption	relate to companies or services wh  Amazon Web Services  Microsoft 365  SAP  relate to controls that you currently unsure of what any of these tools ar Application Whitelisting  Data Loss Prevention	ere you store sensitive data or w  Dropbox  Microsoft Azure  Workday  have implemented within your e, please refer to the explanatior  Asset Inventory  DDoS Mitigation	u comply:  ho you rely upon to provide critical  Google Cloud  Oracle Cloud  IT infrastructure (including where on the final page of this document Custom Threat Intelligence					





tion 5: Employment Practices Liability
complete this section if you require employment practices liability cover
Do you have a human resources department: Yes No
a) If 'yes', how many employees are in this department?
b) If 'no', how is this function handled?
Are your employees issued with an employee handbook? Yes No  If 'yes', please provide a copy
Do you have written management guidelines for the following:
Do you have written management guidelines for the following.
a) Disciplinary procedures? Yes No
b) Termination of employment? Yes No
c) Preventing discrimination? Yes No
d) Preventing harassment? Yes No
e) Any complaint of discrimination or harassment? Yes No
f) Grievance procedures? Yes No
g) Compliance with (i) the Americans with Disabilities Act 1990,
as amended, (ii) The Civil Rights Act 1964, as amended and (iii) the Family and Medical and Leave Act, as amended? Yes No
Do you provide anti-discrimination and anti-harassment training for all of your employees? Yes No  If 'no', please explain why:

company? Yes No If 'no', please explain why:





## Insurance application form

5.6	Do the areas of your premises which are accessible to the public comply with the Americans with  Disabilities Act 1990, as amended? Yes No
	If 'no', please explain why:
5.7	Are your wage and hour practises compliant with the Fair Labour Standards Act (FLSA)? Yes No  If 'no', please explain why:
	II no, piedse explain viny.
5.8	Do you periodically compare an employee's job description against their actual duties? Yes No
	If 'no', please explain why:
5.9	How long do you keep records of all hours worked by non-exempt employees?
5.10	a) How often do you review your wage and hour practises?
	b) Do you obtain legal advice when your wage and hour practises are reviewed? Yes No  If 'no', please explain why:
5.11	In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any reduction in force or systematic lay-off? Yes No
	If 'yes', please provide full details:





## Section 6: Fiduciary Liability

Only	comple	ata thic	section if	VOLLTOG	uiro fidi	iciany	liability	COVOR
OHIIY	COLLIBIE	ete tilis	Section II	youreq	ulle na	uciai y	Hability	cover

Please complete the following informa	ion for your three largest plans to be covered:	
Name of Plan:	Plan assets:	Type of Plan (i.e. defined contributions or defined benefits, welfare benefit, profit sharing etc):
Please forward the latest financial sta	ement and a copy of the most recently filed Form 5500 (and a	attachments) for your largest benefit p
Are the benefit plans funded in accor	dance with the actuary's recommendation? Yes No	
·	the standard of eligibility, participation, vesting and rement Income Security Act of 1974, as amended? Yes	No
Are the company and employee cont	ibutions fully and promptly paid into the benefit plans?	Yes No
Are the benefit plan assets held inde	endently of the company? Yes No	
Is there currently, or is it anticipated t	nat there will be, a suspension or reduction in contributions	to any benefit plan? Yes No
Is any benefit plan currently, or antici	vated to be, terminated, suspended, merged or dissolved?	Yes No
Has any plan merged with, or assume	d the responsibilities of, another benefit plan in the last 3 ye	ears? Yes No
If you have ticked any of the shaded INFORMATION page if necessary:	poxes in questions 6.3 – 6.9, please explain in the box below	and continue on the ADDITIONAL





## Insurance application form

## Section 7: Crime

nly complete this section if you require crime cover	
Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of \$2,500? Yes No	
Do you have facilities to transfer funds without using a third party financial institution? Yes No	
If "yes", please give details:	
Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments? Yes	s No
Are transactions only permitted to be made via internally approved counterparties? Yes No	
Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? Yes No	
Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to unauthorised modifications or inappropriate use of this data? Yes No	orevent
If you answered above, please explain below:	
Are there adequate controls to ensure fraudulent instructions are not given to any financial institution by any employee or any ot person who does not have authority to give genuine instructions? Yes No	her
Are telephone instructions confirmed in writing? Yes No	
Are all banks required to confirm fund transfer transactions within 24 hours? Yes No	
Do you have procedures in place for the use of passwords for your computer systems and is authorization automatically withdraw cessation of employment? Yes No	vn at
Are the finance, accounts and treasury department employees required to take two weeks of consecutive holiday each year? Yes No	
If you answered above, please explain below:	





## Insurance application form

## Section 8: Kidnap and Ransom

Only complete this section if you require Kidnap and Ransom cover

ountry of destination:	Number of employees travelling:	Duration of visit:
you have more than 10 trips planned	d in the coming 12 months, please provide an itinerary	
lease state any special security preca	autions taken prior to and during foreign travel:	
ease state any special security preca	autions taken prior to and during foreign travel:	
n 9: Compliance	as an:	
n 9: Compliance lease state whether your company h Internal Audit Department Yes	nas an: No No	
n 9: Compliance lease state whether your company h Internal Audit Department Yes Compliance Department Yes	nas an: No No	
n 9: Compliance lease state whether your company h Internal Audit Department Yes Compliance Department Yes EDP Audit Department Yes	nas an: No No No	
n 9: Compliance lease state whether your company h Internal Audit Department Yes Compliance Department Yes EDP Audit Department Yes	nas an: No No No	
n 9: Compliance lease state whether your company h Internal Audit Department Yes Compliance Department Yes EDP Audit Department Yes I Data Security Department Yes	nas an: No No No	
n 9: Compliance lease state whether your company h Internal Audit Department Yes Compliance Department Yes EDP Audit Department Yes Data Security Department Yes Audit Committee Yes No	nas an: No No No	
n 9: Compliance  lease state whether your company h  Internal Audit Department Yes  Compliance Department Yes  EDP Audit Department Yes  Data Security Department Yes  Audit Committee Yes No  lease state:  how regular audits are performed:	nas an:  No  No  No  No  erformed (MM/DD/YYYY):	
n 9: Compliance  lease state whether your company h  Internal Audit Department Yes  Compliance Department Yes  EDP Audit Department Yes  Data Security Department Yes  Audit Committee Yes No  lease state:  how regular audits are performed:	nas an:  No  No  No  No  erformed (MM/DD/YYYY):	: No





## Insurance application form

9.3	Has there been any examination conducted on you by the SEC, any government regulatory agency or any self-regulatory organisation in
	the past three years or you have received notice of a future examination? Yes No
	If 'yes', please state:
	a) the date of completion of examination (MM/DD/YYYY):
	b) whether all cited deficiencies have been corrected? Yes No
	Please attach copies of any letters received as a result of the inspection and a copy of management's responses to all letters and comments received.
Sec	tion 10: Insurance Requirements
	Please provide details of the cover you require:
	Limit: Prior and pending dates:
	Professional indemnity:
	Management liability:
	Cyber security risk management:
	Crime:
	Kidnap and ransom:
Sec	tion 11: Claims Experience
77.7	Please state whether you are aware of any incident:
	a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No
	b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No
	c) which resulted in anyone working for the companies to be insured, experienced any kidnap, extortion, highjack, wrongful detention or a political threat: Yes No
	political threat: Yes No
	If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved





## Section 12: Additional Information

Please provide the following information when you send the application form to us.

- · The organizations latest financial report;
- · Directors or principals resumes if the company has been trading for less than 3 years;
- · Directors or principals percentage of ownership;

· The standard form of conti	ract, end user license agreement o	or terms of use issued by the compa	ny.
Name:	Date of Acquisition:	Country of Domicile:	Percentage of ownership:
Please provide this space be	elow to provide us with any other r	elevant information:	
 ortant Notice			
ning this form you agree that e this is the case by asking the ling insurance services and m	e appropriate people within your bus ay share your data with third partie.	siness. CFC Underwriting will use this s in order to do this. We may also use	ave made all reasonable attempts to information solely for the purposes of anonymized elements of your data for it www.cfcunderwriting.com/privacy

Date (MM/DD/YYYY):

Signature:



## Insurance application form



## Advanced endpoint protection

Software installed on individual computers (endpoints) that uses behavioural and signature based analysis to identify and stop malware infections.

## Application whitelisting

A security solution that allows organisations to specify what software is allowed to run on their systems, in order to prevent any nonwhitelisted processes or applications from running.

#### Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

#### Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organisations with intelligence on cyber threats and cyber threat actors pertinent to them.

#### Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

## Data loss preventions

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

#### **DDoS** mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

## DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

## **DNS filtering**

A specific technique to block access to known bad IP addresses by users on your network.

#### **Employee awareness**

Training programmes designed to increase employees' security awareness. For example, programmes can focus on how to identify potential phishing emails.

## Incident response plan

Action plans for dealing with cyber incidents to help guide an organisation's decision-making process and return it to a normal operating state as quickly as possible.

## Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

## Mobile device encryption

Encryption involves scrambling data using cryptographic techniques so that it can only be read by someone with a special key. When encryption is enabled, a device's hard drive will be encrypted while the device is locked, with the user's passcode or password acting as the special key.

#### Penetration tests

Authorized simulated attacks against an organisation to test its cyber security defences. May also be referred to as ethical hacking or red team exercises.

#### Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

## Security info & event management (SIEM)

System used to aggregate, correlate and analyse network security information – including messages, logs and alerts – generated by different security solutions across a network.

#### Two-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

### Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

### Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

## Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organisation. For example, known malicious websites are typically blocked through some form of web content filtering.