



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.

This application is suitable for companies that primarily derive their revenue from services. Companies that primarily derive their revenue from the sale or supply of products must use our Life Science Products Application form.

### 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

- 1.1 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 in this form.

a) Company name:

b) Is the name of the company different to its trading name? Yes No

*If "yes", please provide the trading name of the company:*

Primary address (address, county, postcode, country):

Website:

- 1.2 Date the business was established (DD/MM/YYYY):

- 1.3 Number of employees:

- 1.4 Please provide your current financial year pay roll and a percentage breakdown of this for the following employee categories:

Payroll: £

**Please ensure that the combined total percentage of all fields below is 100%.**

Clerical (%):

Manual work (%):

Laboratory staff (%):

Other (%):

- 1.5 Please show the details of all partners/ directors:

Name

Years in position

Years experience

Qualifications

- 1.6 Please confirm if you are part of a corporate or other group structure where some parts of the group are not subject to this application for insurance: Yes No

*If "yes", provide details:*



1.7 Please state your gross revenue in respect of the following years:

|                | Last policy year | Current policy year | New policy year |
|----------------|------------------|---------------------|-----------------|
| UK:            | £                | £                   | £               |
| EUR:           | £                | £                   | £               |
| USA:           | £                | £                   | £               |
| Canada:        | £                | £                   | £               |
| Rest of World: | £                | £                   | £               |

1.8 Please provide the following details of any funding you have procured:

| Funding round | Date of round (DD/MM/YYYY) | Amount raised |
|---------------|----------------------------|---------------|
|               |                            | £             |
|               |                            | £             |
|               |                            | £             |

1.9 Please provide details for the primary contact for this insurance policy:

|                |                   |
|----------------|-------------------|
| Contact name:  | Position:         |
| Email address: | Telephone number: |

## Section 2: Consulting and Laboratory Activities

- 2.1 Please review all of the activities listed below, and provide an approximate breakdown of how your revenue is generated from your products and services:

| Activity                                                                                            | Revenue |
|-----------------------------------------------------------------------------------------------------|---------|
| Regulatory consulting services                                                                      | %       |
| Medical writing                                                                                     | %       |
| Validation, calibration, commissioning                                                              | %       |
| Qualified Persons                                                                                   | %       |
| Commercialisation & Strategy Consultant                                                             | %       |
| Clinical trial protocol writing                                                                     | %       |
| Statistical Analysis                                                                                | %       |
| Medical device design - please list the products you have designed in the past 3 years:             | %       |
| Research laboratory services – please describe the nature of these services:                        | %       |
| Batch release testing                                                                               | %       |
| Environmental testing                                                                               | %       |
| Clinical Laboratory (clinical specimen testing other than alcohol and narcotics toxicology testing) | %       |
| Alcohol and Narcotic toxicology testing                                                             | %       |
| Technology products and services                                                                    | %       |
| Contract/Clinical research organisation                                                             | %       |
| Clinical site management                                                                            | %       |
| Product responsible person                                                                          | %       |
| Other – please describe the nature of your activities:                                              | %       |

(If you offer technology products and services please complete Section 3 Technology activities. If you do not provide technology products and services please ignore Section 3).



2.2 Do you provide healthcare services? Yes No

If "yes", do you provide healthcare services to anyone other than research subjects taking part in clinical trials? Yes No

If "yes," please provide a short description of the services performed:

2.3 Do you provide any medical diagnosis or opinion? Yes No

Please note no cover will be provided for this activity.

2.4 Do you keep any laboratory animals at your premises? Yes No

If "yes", please indicate the type of animal, the number and the purpose.

2.5 Do you manufacture or sell any tangible products? Yes No

If "yes", please specify your position in the supply chain and include a description of the products sold:

Manufacturer

IP owner manufacturing outsourced to a third party

Wholesaler of third party branded products

Retailers of third party branded products

### Section 3: Technology Services

3.1 a) Please select which of the following most accurately captures the essence of your technology product or service;

Research and Development tool

Clinical Trial Management tool

Laboratory workplace management

Other (please specify):

b) Please describe what makes your product or service unique:

c) Please state what percentage of your last complete financial year and current year revenue is derived from your technology products and services:

%

3.2 Please state whether you:

a) are involved with the provision of any tangible products: Yes No

If "yes", please confirm what percentage of your current year revenue this represents: (%)

b) are involved with hardware installation at third party premises: Yes No

If "yes", please confirm what percentage of your current year revenue this represents: (%)

3.3 Please state whether you provide hosting services to your clients: Yes No

If "yes", please confirm whether this is hosted:

On your own infrastructure

By an outsourced service provider

If outsourced to a third party, please state who is responsible for hosting and whether they are rated Tier 3 or better:

3.4 Please describe below your procedures for managing Intellectual Property, including but not limited to your procedures for:

- a) Preventing the infringement of third party intellectual property rights;
- b) Obtaining licenses to use and the monitoring of third party intellectual property rights; and
- c) Responding to allegations of infringement

3.5 Please state whether you have ever sent or received the following relating to intellectual property rights:

- a) a cease and desist letter: Yes No
- b) notifications of an actual or potential claim letter: Yes No

If you have answered "yes" to a) or b) above, please provide full details:

## Section 4: Contract & Risk Management

4.1 Please complete the following in respect of your three largest projects in the past three years:

| Name of client | Nature of work | Contract start date | Duration | Annual contract income to you | Overall contract value |
|----------------|----------------|---------------------|----------|-------------------------------|------------------------|
|                |                |                     |          | £                             | £                      |
|                |                |                     |          | £                             | £                      |
|                |                |                     |          | £                             | £                      |

4.2 Approximately how many customers do you have?

4.3 Do you always carry out work under a written contract signed by every client? Yes No

4.4 Please describe how, if at all, you limit your liability for consequential loss or financial damages under a written contract:

4.5 Do you employ subcontractors? Yes No

If "yes", please state whether:

- a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%): Yes No
- b) you sign reciprocal hold harmless agreements: Yes No
- c) you ensure that contractors have their own errors and omissions and general liability insurance: Yes No

If you answered "yes" to c) above what is the limit of liability that the subcontractor must purchase for:

Errors and Omissions £

General Liability £

## Section 5: Cyber Security Risk Management

5.1 Please describe the type, nature and volume of the data stored on, accessed or processed through your network, including a rough estimate of the total volume of unique individuals you hold data on:

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5.2 Please describe your data back-up policy in detail, including the frequency of back-ups, the technology used, the types of back-ups, the storage method used (online or offline), how often you test the back-ups and how you protect your back-ups:

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5.3 a) Please confirm whether multi-factor authentication (MFA) is always enabled for remote access to your network (include any remote desktop protocol (RDP) connections) and on all email accounts:    Yes    No

b) If "no", please explain in what circumstances MFA is not used and why:

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5.4 Please describe your data purging and retention policy:

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5.5 Please confirm full details on this data, including the type and nature:

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5.6 Please describe your approach towards protecting sensitive and confidential information (e.g. access controls, encryption, network segmentation etc.):

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5.7 Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

|                         |                 |            |                          |
|-------------------------|-----------------|------------|--------------------------|
| Cyber Crime             | Cyber Extortion | Data Loss  | Denial of Service Attack |
| Malware Infection       | Privacy Breach  | Ransomware |                          |
| Other (please specify): |                 |            |                          |

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than £10,000? Yes No

If "yes", please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

## Section 6: Claims Experience

6.1 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) or cease and desist orders made against you:                                                                                                                    | Yes | No |
| d) which resulted in any form of disciplinary action, statutory sanction or investigation for professional misconduct against you or your appointed investigators: | Yes | No |

If "yes" to any of the above, 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 7: Insurance requirements

- 7.1 Please provide details of your current Errors & Omissions, Cyber and General Liability insurance or the cover you require if this is the first time you are applying for this type of insurance:

|                    | Effective date (MM/YY) | Limit | Deductible | Premium | Retroactive date |
|--------------------|------------------------|-------|------------|---------|------------------|
| Errors & Omissions |                        | £     | £          | £       |                  |
| Cyber              |                        | £     | £          | £       |                  |
| General Liability  |                        | £     | £          | £       |                  |

## Additional Information

Please use this space below to provide us with any other relevant information:

## Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit [www.cfcunderwriting.com/privacy](https://www.cfcunderwriting.com/privacy)

|               |  |                    |  |
|---------------|--|--------------------|--|
| Contact name: |  | Position:          |  |
| Signature:    |  | Date (DD/MM/YYYY): |  |