

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

- 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.

Company name:

Primary Address (Address, County, Postcode, Country):

Website Address:

Social media handle(s):

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

- 1.3 Number of employees:

Employee Reference No. (ERN):

- 1.4 Date of company financial year end (DD/MM/YYYY):

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

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	£	£	£
USA revenue:	£	£	£
Other territory revenue:	£	£	£
Total gross revenue:	£	£	£
Profit (Loss):	£	£	£

- 1.6 Please provide your current financial year pay roll and a percentage breakdown of this for the following employee categories in the UK (ensuring that the total percentage of all fields is 100%):

Payroll: £

At your premises:

Clerical (%):

Manual work (%):

Hazardous work (%):

Other (%):

Away from your premises:

Clerical (%):

Manual work (%):

Hazardous work (%):

Other (%):

If you have inserted a percentage in the 'other' fields above, please specify the nature of work undertaken:

- 1.7 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 products and services supplied by your business:

2.2 Please provide an approximate percentage breakdown of how your revenue is generated from your products and services:

.....	%
.....	%
.....	%
.....	%
.....	%

2.3 If you indicated in 2.2 above that you organise events or conferences, please state:

a) the largest event or conference you have organised, including the number of people who attended:

b) the average number of events or conferences you organise per year:

2.4 Please state whether you construct or erect any structure or provide any installation services: Yes No

2.5 Please state the following:

a) the maximum height you will be working at:

a) the maximum depth you will be working to:

Section 3: Contract & Risk Management

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

Name of client	Nature of work	Annual contract value	Annual contract income	Duration
.....		£	£	
.....		£	£	
.....		£	£	

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

If 'no' please explain in what circumstance and why:

3.3 Please state whether you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract: Yes No

If 'yes' please explain what percentage of your contracts this is applicable to and what these are capped at:

3.4 Please state whether your contracts are legally reviewed: Yes No

3.5 Please state whether you:

a) obtain written releases from the creator of any material and/or any persons appearing in content before it is disseminated: Yes No

b) have a written procedure for ensuring all appropriate licensing fees relating to music are paid before content is disseminated: Yes No

c) always receive sign off from your end client on your deliverables: Yes No

3.6 Do you employ 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 agreements: Yes No

c) whether 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 subcontractor must purchase? £

Section 4: Publishing

4.1 Please list all of your current publications:

Title	Geographical distribution	Average circulation/ readership	Frequency of publication

4.2 If your activities include investigative journalism, including any exposé content, please describe your legal process, if any, to review the content before its dissemination:

4.3 Please describe how, if at all, you:

a) ensure accuracy and originality of all content you disseminate, including authenticity of source:

b) process unsolicited submissions:

c) clear the titles of all content before you disseminate it:

4.4 In respect of 4.3 a) above, please state whether you always obtain written warranties from third party news gathering sources: Yes No

4.5 Please state whether you use a media and entertainment specialist lawyer for the clearance of content before its dissemination: Yes No

If 'yes' please state below the name of the individual and the firm used:

4.6 Please describe your legal review process, if any, to clear all content before its dissemination:

4.7 Please state whether you have ever disseminated content against the advice of your lawyer: Yes No

4.8 Please state the name of your chief editor and explain how they are qualified for the role:

4.9 Please describe the editorial controls you have in place, including content review and takedown procedures:

Section 5: Cyber Security Risk Management

Only complete this section if you require cyber and privacy cover

5.1 Please confirm whether multi-factor authentication is always enabled on all email accounts: Yes No

5.2 Do you maintain daily offline back-ups of all critical data? Yes No

5.3 If your organisation uses Remote Desktop Protocol (RDP) to allow remote access to your network, please describe the measures you adopt to secure it:

Section 6: Claims Experience

6.1 Please state whether you are aware of any incident or circumstance:

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 or individuals to be insured within the last 5 years: Yes No

c) which resulted in cease and desist orders being made against you: Yes No

d) which resulted in an unforeseen outage to your website for more than 3 hours: Yes No

e) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No

f) which resulted in a loss of data and privacy breach: Yes No

If '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 and overview of any penalties incurred.

Section 7: Additional Information

7.1 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

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