

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:

Registered Address (Address, State, Postcode, Country):

Website Address:

Number of Employees:

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

- 1.3 Please provide the following information in respect of all subsidiaries that you have majority ownership of (meaning more than 50% ownership) and state whether insurance is required for these subsidiaries as part of this application (if you need space for additional subsidiaries provide this information in the Additional Information section):

| Name: | Date of acquisition/<br>incorporation (if applicable): | Country of domicile: | Insurance required? |    |
|-------|--------------------------------------------------------|----------------------|---------------------|----|
|       |                                                        |                      | Yes                 | No |
|       |                                                        |                      | Yes                 | No |
|       |                                                        |                      | Yes                 | No |
|       |                                                        |                      | Yes                 | No |

- 1.4 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:

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

- 1.6 Are you GST Registered? Yes No If 'yes', please state your ABN:

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

|                                   | Last complete FY | Estimate for current FY | Estimate for next FY |
|-----------------------------------|------------------|-------------------------|----------------------|
| Domestic customer revenue:        | \$               | \$                      | \$                   |
| USA customer revenue:             | \$               | \$                      | \$                   |
| Other territory customer revenue: | \$               | \$                      | \$                   |
| Total gross revenue:              | \$               | \$                      | \$                   |
| Profit (Loss):                    | \$               | \$                      | \$                   |

1.9 Percentage of total gross revenue subject to USA jurisdiction under contract (%):

1.8 For stamp duty purposes please provide a percentage breakdown of your estimated revenue by state or territory:

|             |            |          |          |
|-------------|------------|----------|----------|
| NSW (%):    | VIC (%):   | QLD (%): | SA (%):  |
| WA (%):     | TAS (%):   | NT (%):  | ACT (%): |
| O'Seas (%): | Total (%): |          |          |

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

Payroll: \$

At your premises (including working from home):

|               |                  |
|---------------|------------------|
| Clerical (%): | Manual work (%): |
|---------------|------------------|

Away from your premises:

|               |                  |
|---------------|------------------|
| Clerical (%): | Manual work (%): |
|---------------|------------------|

1.11 Please state whether in the next 12 months you have plans to make any significant changes to your business, such as change to your address, business operations or company structure (including plans to sell the company or be involved in any mergers, acquisitions or divestments): Yes No

If "yes", please provide full details on a separate sheet.

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

| Funding round | Date of round<br>(DD/MM/YYYY) | Amount raised |
|---------------|-------------------------------|---------------|
|               |                               | \$            |
|               |                               | \$            |
|               |                               | \$            |

## Section 2: Activities

2.1 Please describe below the products and services supplied by your business:

.....

2.2

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

%

.....

%

.....

%

.....

%

.....

%

Please provide any further details on the 'Additional Information' page at the end of this application

.....

2.3 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: (%)

.....

2.4 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:

.....

2.5 Please provide a percentage breakdown of your products and services supplied to the following sectors:

Aerospace (%): Healthcare (%):

.....

Automotive (%): Public Sector/Government (%):

.....

Financial services (%): Military (%):

.....

2.6 Please confirm whether you provide any managed services? Yes No

If "yes", please complete the Managed Service Providers Supplementary Application form.

.....

### Section 3: Contract & Risk Management Information

3.1 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 |
|----------------|----------------|---------------------|----------|-------------------------------|------------------------|
|                |                |                     |          |                               |                        |
|                |                |                     |          |                               |                        |
|                |                |                     |          |                               |                        |

3.2 Approximately how many customers do you have?

3.3 Do you always work under a purchase order, terms and conditions or a contract, agreed by every client? Yes No

If "no", please provide details as to how a scope of work and liabilities are agreed upon?

3.4 Please describe how, if at all, you limit your liability for consequential loss or financial damages:

3.5 Please describe the impact on your clients if your products or services failed or you were unable to deliver your products or services:

3.6 Do you employ subcontractors? Yes No

If "yes", please state:

the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

## Section 4: Cyber Security Risk Management

- 4.1 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:

---

4.2 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:

- 
- 4.3 a) Please confirm whether multi-factor authentication (MFA) is always enabled for remote access to your network (including 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.

## Section 5: Intellectual Property Rights Risk Management

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

---

5.2 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) notification of an actual or potential claim letter:    Yes    No

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

---

5.3 Please confirm whether you intend to introduce any new products or to market any existing products in a new business sector or territory over the next 12 months:    Yes    No

---

## Section 6: Property Cover

6.1 If you require property cover, please complete the questions in Appendix 1.

## Section 7: Insurance Requirements

7.1 Please provide details of your current Errors & Omissions, Cyber, General Liability and Employers' 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 |
|---------------------------------|------------------------|-------|------------|
| Errors & Omissions              |                        |       |            |
| Cyber                           |                        |       |            |
| General Liability               |                        |       |            |
| Directors & Officers' Liability |                        |       |            |
| Legal Expenses                  |                        |       |            |

## Section 8: Additional Information

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

## Section 9: Claims Experience

9.1 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

*If you have answered "yes" to a) or b) 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.*

## 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](http://www.cfcunderwriting.com/privacy)*

Contact Name:

Position:

Signature:

Date (DD/MM/YYYY):

## Appendix 1: Property Cover

Please copy this appendix if more than one premises is to be insured.

6.1 Premises Address (Address, State, Postcode, Country):

6.2 Please detail the amounts to be insured below for the premises:

*NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.*

Building coverage:

Computer equipment:

Tenants improvements:

Portable equipment:

Inventory/stock:

Other business contents:

Loss of income:

Loss of rent:

Indemnity period for loss of income/rent (months):

6.3 Please state:

a) when the premises was built (DD/MM/YYYY):

b) when it was last renovated (DD/MM/YYYY):

c) how the premises is constructed:

Steel frame

Brick/Concrete/Stone

Steel sheet

Other:

d) when approximately the roof of the premises was last renovated (DD/MM/YYYY):

e) how the roof is constructed:

Pitched tiled

Slate

Profile steel sheeting

Other:

f) the percentage of flat roof on the premises (%):

g) how the floor is constructed:

Concrete

Timber

Other:

h) whether composite panels are used in the construction: Yes No

If "yes", please state:

the age of the composite panels:

whether the panels are approved by an appropriate regulatory body and comply with the applicable minimum building regulations: Yes No

the type of infill:

Please state:

i) whether the premises is detached: Yes No

If "no", please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

j) whether the premises has a lockable entrance door: Yes No

If "no", please provide details on alternative security:

k) whether the premises is self-contained: Yes No

l) whether the premises has its own means of access: Yes No

m) whether the premises protected by:

Security grills

Shutters

Window bars

n) whether the premises contains other external doors: Yes No

If "yes", please state the type of locking system:

Key operated security bolt

Panic bar locking system

Other:

o) whether the premises has lockable opening windows on all levels: Yes No

If "yes", please state the type of locking system:

Key operated locking device

N/A (i.e. permanently sealed shut)

p) whether the premises is protected by intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

If "yes", please state the type of alarm:

Bells only

Central Station

DigiCom

RedCare

q) whether the premises is protected by exterior and interior cameras: Yes No

r) whether the premises is overseen by 24 hour guards:

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises including locks and the intruder alarm are not in full and effective operation whenever the premises is closed for business or otherwise left unattended.

s) whether the premises is free from cracks or other signs of damage that may be due to subsidence, landslip or heave and has not previously suffered damage by any of these causes: Yes No

t) whether the premises is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No

u) whether the premises is heated by one of the following methods: conventional electric, gas, oil or solid fuel: Yes No

v) whether the premises has a back-up system for the electrical supply heating: Yes No

w) whether the premises has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No

x) whether the premises has a back-up system for the electrical supply: Yes No

y) whether the premises has any portable premises: Yes No

NOTE: Assuming you have answered "yes" to the questions u) and v) above, it is important to keep records of all the relevant inspections as we may ask for evidence of these before paying a claim.

*If you have answered "no" to any of the above questions, please give further details:*

---

6.4 Are any of the premises listed?      Yes      No

*If "yes", please state the grade:*

Grade I

Grade II

---

6.5 If applicable, how is your stock stored at the premises?

---

6.6 Are flammable/hazardous substances kept in a specialist, flame proof cabinet in line with health and safety regulations?      Yes      No

*If "yes", please provide details:*

---

6.7 If requesting a limit for business interruption, do you have a business continuity plan in place?      Yes      No

*If "yes", please provide details:*

This supplementary application form is for companies purchasing Employers' Liability insuring from us.

1.1 Please complete the following information in respect of the company to be insured:

Company Name:

Exempt:

Non-Exempt:

ERN:

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

1.2 Please complete the following information in respect of any subsidiaries in the UK which require Employers' Liability insurance:

a) Subsidiary

Exempt:

Non-Exempt:

Company Name:

ERN:

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

b) Subsidiary

Exempt:

Non-Exempt:

Company Name:

ERN:

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

c) Subsidiary

Exempt:

Non-Exempt:

Company Name:

ERN:

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

d) Subsidiary

Exempt:

Non-Exempt:

Company Name:

ERN:

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

*If you have more than 4 subsidiaries please continue your response in the Additional Information page overleaf ensuring you include all information as set out above.*

1.3 Current number of domestic employees:

Current number of employees elsewhere: