

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, Postcode, Country):

Website address:

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

**If less than 12 months old, please supply a copy of your business plan.*

Number of employees:

- 1.3 Please provide a full breakdown for the number of employees in the categories stated below:

Domestic employees

Non-domestic employees

Full-time employees:

Part-time employees:

Independent Contractor
or leased employees:

Volunteers:

If you have any non-domestic employees, please provide details below of where these employees are situated:

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

Please state the currency you are reporting in:

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

1.7 Please state whether the company is authorised and regulated by:

a) the Financial Conduct Authority: Yes No

b) any other regulator: Yes No

If "yes" to the above, please state the name of the regulator and detail what permissions you are regulated for:

1.8 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 and whether you plan to offer any other products or services in the next three years:

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

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

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

If "yes", please state whether this is outsourced to a third party or provided on your own servers:

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

2.4 Please provide an approximate breakdown of your use of proprietary/non-proprietary technology:

Proprietary: %

Non-Proprietary: %

2.5 Please state approximately how many customers you have:

2.6 Please state the:

a) average number of transactions per day:

b) average value per transaction in the last 12 months:

c) value of the largest transaction in the last 12 months:

Section 3: Contract & Risk Management Information

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

Client name:

Professional services:

Gross revenue:

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

3.4 Please describe your legal review process, if any, before entering into new contracts or agreements:

3.5 Please describe the impact on your clients if your technology 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:

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

b) where they are located:

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: Intellectual Property Rights Risk Management

4.1 Please describe below your procedures for:

a) preventing infringing on third party intellectual property rights:

b) obtaining licenses to use and the monitoring of third party intellectual property rights:

4.2 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:

4.3 Please describe your procedures for managing intellectual property rights issues, including responding to an allegation of infringement and how the individual responsible for intellectual property rights issues is qualified for the role:

Section 5: Management Liability

Only complete this section if you require management liability cover.

5.1 Please state whether you had in the past 3 years, or whether you have during the next 12 months, 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:

5.2 Please state whether the company is 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:

e) the name and percentage of shares owned by shareholders owning more than 10% of all voting rights (both direct and indirect)(%):

Name:	Percentage ownership:	Respresented on the board:
	%	Yes No
	%	Yes No
	%	Yes No
	%	Yes No
	%	Yes No

Section 6: Crime

Only complete this section if you require crime cover.

6.1 Please provide a split below between the number of employees that have cash/account handling/control of funds roles and non cash/account handling/control of funds roles:

Employees in control of funds:

Other:

6.2 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

6.3 Do you have facilities to transfer funds without using a third party financial institution? Yes No

If "yes", please give details:

6.4 Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments? Yes No

6.5 Are transactions only permitted to be made via internally approved counterparties? Yes No

6.6 Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? Yes No

6.7 Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to prevent unauthorised modifications or inappropriate use of this data? Yes No

If "no", please explain below:

6.8 Are there adequate controls to ensure fraudulent instructions are not given to any financial institution by any employee or any other person who does not have authority to give genuine instructions? Yes No

6.9 Are telephone instructions confirmed in writing? Yes No

6.10 Are all banks required to confirm fund transfer transactions within 24 hours? Yes No

6.11 Do you have procedures in place for the use of passwords for your computer systems and is authorisation automatically withdrawn at cessation of employment? Yes No

6.12 Are the finance, accounts and treasury department employees required to take two weeks of consecutive holiday each year? Yes No

If "no", please explain below:

Section 7: Employment Practices Liability

Only complete this section if you require employment practices cover.

7.1 Please state whether you have a human resources department: Yes No

If "yes", how many employees are in this department?

If "no", how is this function handled?

7.2 Please state whether your employees are issued with an employee handbook: Yes No

If "yes", please provide a copy

7.3 Please state whether you have written processes for:

a) disciplinary procedures: Yes No

b) terminating employment: Yes No

c) preventing discrimination: Yes No

d) preventing harassment: Yes No

e) dealing with complaints about discrimination or harassment: Yes No

f) grievance procedures: Yes No

If "no" to any of 7.3 above, please explain why:

7.4 Please state whether you provide any anti-discrimination and anti-harrasment training to all your employees: Yes No

If "no", please explain why:

7.5 Please state whether you have written procedures to deal with any allegation of discrimination or harrasment from any person who is not an employee of the company: Yes No

If "no", please explain why:

7.6 Please state whether in the past 24 months there has been or, in the next 12 months it is anticipated there will be any redundancies: Yes No

If "yes", please provide full details, including how many employees are likely to be made redundant:

Section 8: Benefit Plan Liability

Only complete this section if you require benefit plan liability cover

8.1 Please state the total asset size of all your benefit plans:

8.2 Please complete the following information for your three largest plans to be covered:

Name of Plan:	Plan assets:	Type of Plan (i.e. defined contributions or defined benefits, welfare benefits, profit sharing etc.):

Please provide the latest financial statement and a copy of the most recently filed Form 5500 for your largest benefit plan.

8.3 Are the benefit plans funded in accordance with the actuary's recommendation? Yes No

8.4 Please state whether the company and employee contributions are fully and promptly paid into the benefit plans: Yes No

8.5 Please state whether you have ever had to make a notification to the Pensions Regulator in respect of any benefit plan: Yes No

8.6 Please state whether the benefit plan assets are held independently of the company: Yes No

8.7 Please state whether there is currently, or it is anticipated there will be, a suspension or reduction in contributions to any benefit plan: Yes No

8.8 Please state whether any benefit plan currently, or anticipated to be, wound up: Yes No

If "yes", please explain why:

8.9 Please state whether any benefit plan has merged with, or assumed the responsibilities of, another benefit plan in the last 3 years: Yes No

If "yes", please explain why:

8.10 Please state whether any benefit plans are subject to the Employee Retirement Income Security Act of 1974 (ERISA): Yes No

Section 9: Compliance

9.1 Please state whether your company has:

a) an internal audit department: Yes No

b) a compliance department: Yes No

c) an EDP audit department: Yes No

d) a data security department: Yes No

e) an audit committee: Yes No

9.2 Please state:

a) how regular audits are performed:

b) the date of the most recent audit performed (DD/MM/YYYY):

c) whether all recommendations from the most recent audit have been completed: Yes No

If "no", please explain why:

9.3 Please state whether there has been any examination conducted on you by the SEC, any government regulatory agency or any self-regulatory organisation in the past three years or whether you have received notice of a future examination: Yes No

If "yes", please state:

a) the date of completion of examination (DD/MM/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.

Section 10: Cyber Security Risk Management

Only complete this section if you require cyber and privacy cover

10.1 Please describe the type of sensitive information you hold and provide an approximate number of the unique records that you store or process:

10.2 Please describe the most valuable data assets you store:

10.3 Please describe what measures you have in place to secure your data and sensitive information and confirm who the person responsible for this is:

10.4 Please state whether you comply with any internationally recognised standards for information governance: Yes No

Section 11: Property Cover

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

Section 12: Insurance Requirements

12.1 Please provide details of your current insurance or the cover you require if this is the first time you are applying for insurance:

	Prior and Pending date or Retroactive date (DD/MM/YY):	Effective date (DD/MM/YY):	Limit:	Deductible:
Professional liability:				
Management liability:				
Employment practices liability:				
Benefit plan liability:				
Crime:				
Cyber and privacy:				
General liability:				

Section 13: Claims Experience

13.1 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 14: Additional Information

14.1 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):	

Appendix 1: Property Cover

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

11.1 Premises Address (Address, Postcode, Country):

11.2 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 (monts):			

11.3 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: Yes No

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:

11.4 Are any of the premises listed? Yes No

If "yes", please state the grade:

Grade I

Grade II

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

11.6 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:

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

If "yes", please provide details: