

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 on your answers to all of the questions in this form.

Company name: \_\_\_\_\_

Primary address (Address, State, ZIP, Country): \_\_\_\_\_

Website: \_\_\_\_\_

1.2 Date business was established: (MM/DD/YYYY): \_\_\_\_\_

1.3 Number of employees: \_\_\_\_\_

**Section 2: Areas of Practice**

2.1 Please briefly describe below the nature of your business activities:

*If you have a brochure, or company literature, please attach to this form.*

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all activities listed here should equal 100%:

Business Tax	%	%	Litigation Support	%
Estate Tax	%	%	Assurance Services	%
Individual Tax	%	%	Fiduciary, Executorship & Trustee	%
Financial Planning & Investment Advisory	%	%	EDP Consulting	%
Bookkeeping	%	%	Implementation of financial software	%
Audit: Non-Public	%	%	Forecast/ Projections	%
Audit: Publicly Held	%	%	Payroll Services	%
Audit: Government, Municipal, Non-Profit	%	%	Mergers, acquisition or disposals	%
Other (please specify below)	%	%	Technology products and services (please specify below)	%

*If 'other' or 'technology products and services', please provide further information on these activities:*

2.3 Please provide a full breakdown of your total revenue by industry sector:  
The total of all industry sectors listed here should equal 100%:

Individuals	%	Non-profits or charities	%
Individuals – High Net Worth >\$10m assets	%	Trusts >\$10m assets	%
Small private companies <\$100m revenue	%	Financial institutions/Insurance Companies	%
Large private companies >\$100m revenue	%	Government or Public institutions	%
Small public companies <\$100m revenue	%	Healthcare or HMO	%
Large public companies <\$100m revenue	%	Sports or entertainment	%
Stockbrokers/Investment advisers	%	Other (please specify below):	%

If 'other', please provide further information on these clients:

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2.4 Please complete the following in respect of your three largest contracts in the past three years:

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

2.5 Approximately how many customers do you have?

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2.6 Do you always carry out work under a written engagement letter signed by every client: Yes No

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2.7 Please state whether your engagement letters are reviewed by legal counsel: Yes No

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2.8 Please state whether you perform any work for clients who have foreign assets or business operations outside of the US: Yes No

If "yes", please provide further information:

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2.9 Please state whether you provide any advice in connection with tax shelters: Yes No

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### Section 3: Claims experience

3.7 Please state whether you are aware of any incident:

- a) which may result in a claim under any circumstance 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 been made against you: Yes No
- d) 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

*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.*

3.2 Please state whether you require cyber and privacy liability cover: Yes No

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

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date (MM/DD/YYYY):	<input type="text"/>