

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, City, Postcode, Country):

Website:

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

- 1.3 Number of employees:

- 1.4 Estimate for current financial year payroll:

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

- 1.6 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):	\$	\$	\$

- 1.7 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 breakdown of how your revenue is generated from your products and services:

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

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	Annual contract income	Duration

3.2 Approximately how many customers do you have?

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

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

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

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: Property Cover

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

Section 5: Claims Experience

5.1 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 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.

5.2 Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date (MM/YY)	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

5.3 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:					
Required:				N/A	N/A

5.4 Please tick whether you require quotes for any of the following covers:

Cyber and Privacy Liability	
Directors and Officers Liability	
Legal Expenses	

Section 6: Additional Information

Please provide the following information when you send the application form to us.

- Directors or principals resumes if the company has been trading for less than 3 years;
- The organization chart or group structure if any subsidiaries are to be insured including names, dates of acquisition, countries of domicile, percentages of ownership; and
- The standard form of contract, end user license agreement or terms of use issued by the company.

Name:

Date of Acquisition:

Country of Domicile:

Percentage of ownership:

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 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.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.

4.1 Premises Address (Address, State, ZIP, Country):

4.2 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):	

4.3 Please state:

a) when was the premises 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 is 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:



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4.4 Are any of the premises listed? Yes No

If "yes", please state the grade:

Grade I

Grade II

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

4.6 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:

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

If "yes", please provide details: