# Technology companies
## Insurance application form

UK

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, County, Postcode, Country):

Website Address:

Number of Employees:

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

1.3 Please confirm whether you have any subsidiaries: ☐ Yes ☐ No

*If "yes", 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/ incorporation (if applicable): | Country of domicile: | Insurance required? |
|---|---|---|---|
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |
| | | | Yes ☐ No ☐ |

**Subsidiaries which you have minority ownership of (meaning 50% or less ownership) cannot be covered as part of this application.**

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

| | Last complete financial year | Estimate for current financial year | Estimate for next financial year |
|---|---|---|---|
| Domestic customer revenue: | £ | £ | £ |
| USA customer revenue: | £ | £ | £ |
| Other territory customer revenue: | £ | £ | £ |
| Total gross revenue: | £ | £ | £ |
| Profit (Loss): | £ | £ | £ |

1.7 Percentage of total gross revenue subject to USA jurisdiction under contract for the current financial year: (%)

1.8 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:*

1.9 Please state whether you have received or plan to receive any investment or funding? ☐ Yes ☐ No

If "yes", please provide the following details of any funding you have procured:

| Funding round | Date of round (DD/MM/YYYY) | Amount raised |
|---|---|---|
| | | |
| | | |
| | | |

1.10 Please confirm that any amounts detailed above are excluded from revenue declarations made within 1.6: ☐ Yes ☐ No

## 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 a tangible product 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 multi-factor authentication and back up supplementary application form.*

## Section 3: Contract & Risk Management Information

*3.1* Please complete the following in respect of your three largest contracts in the last year:

| 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:*

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 insurance: ☐ Yes ☐ No

*If you answered "yes" to c) above, what is the limit of liability that subcontractor must purchase? £*

d) whether you ensure that contractors have their own cyber liability insurance: ☐ Yes ☐ No

*If you answered "yes" to d) above, what is the limit of liability that subcontractor must purchase? £*

e) whether you ensure that contractors have their own general liability insurance: ☐ Yes ☐ No

*If you answered "yes" to e) above, what is the limit of liability that subcontractor must purchase? £*

## Section 4: Cyber Security Risk Management

For the purposes of this section the following definitions apply:

**Network** means all of your electronic computers including operating systems, software, hardware, microcontrollers and all communication and open system networks and any data or websites wheresoever hosted, including cloud computing providers, off-line media libraries and data backups and mobile devices.

**Personally identifiable record** means all data pertaining to a natural individual, excluding data relating to your own employees

**sensitive** means any

*any data relating to children under the age of 18;*

*bank account numbers or sort codes;*

*criminal activity data;*

*national insurance, social security or other national ID number information;*

*passport, driving license or other ID card information;*

*payment card numbers; and*

*special category data.*

4.1 Please provide the approximate number of **personally identifiable records** stored, processed or in motion on your **network** per year:

4.2 Please confirm the approximate percentage of the records identified in 4.1 that would be considered **sensitive**: (%)

4.3 Please describe any other type of valuable or sensitive digital information that you store on your network, other than personally identifiable information:

4.4 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:

4.5 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;

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

*If you have answered "yes", please provide full details:*

## Section 6: Employer's Liability

*6.1* *If you require Employer's liability please complete the questions in the Employer's Liability Supplementary Application Form.*

## Section 7: Property Cover

*7.1* *If you require property cover, please complete the questions in Property Cover Supplementary Form.*

## Section 8: Insurance Requirements

*8.1* Please provide details of your current 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 | | | |
| Employers' Liability | | | |
| Directors & Officers' Liability | | | |
| Legal Expenses | | | |

## Section 9: Additional Information

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

## Section 10: Claims Experience

*10.1* 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.cfc.com/privacy**

Contact Name: Position:

Signature: Date (DD/MM/YYYY):

6.1 Current number of employees in the UK: Current number of employees elsewhere:

6.2 Please provide your current financial year pay roll and a percentage breakdown of this for the following employee categories in the UK:

UK Payroll: £

**Please ensure that the combined total percentage of all fields below is 100%.**

At your premises (including working from home):

Clerical (%): Manual work (%): Other (%):

Away from your premises:

Clerical (%): Manual work (%): Other (%):

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

6.3 Is contingent employers' liability insurance required for your employees outside of the UK? ☐ Yes ☐ No ☐ N/A

6.4 Do you currently or are you planning on performing any work above 5 metres or below 1 metre? ☐ Yes ☐ No

*If 'yes', please provide further details:*

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

Company Name:

Exempt: ☐ Non-Exempt: ☐ ERN:

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

6.6 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, County, Postcode, Country):

b) Subsidiary Exempt: ☐ Non-Exempt: ☐

Company Name: ERN:

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

c) Subsidiary Exempt: ☐ Non-Exempt: ☐

Company Name: ERN:

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

d) Subsidiary Exempt: ☐ Non-Exempt: ☐

Company Name: ERN:

Primary Address (Address, County, 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.*

## Additional 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.cfc.com/privacy**

Contact Name: Position:

Signature: Date (DD/MM/YYYY):

# Commercial property & business interruption UK

## Insurance supplementary application form

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.*

*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.*

### Section 1: Amounts Insured – Portable Contents and Goods in Transit

For the purposes of this section, the following definition applies:

**Portable contents** means items that you own or for which you are legally responsible, excluding stock, that are used primarily in connection with your business activities and which are designed to be portable regardless of whether you use these as portable items.

1.1 Please detail the amounts to be insured below for your **portable contents** anywhere in the world:

Portable electronics: £

Portable tools: £

Other portables: £

*For example, laptops and other portable electronics located at a specific building address should be included within the portable electronics amount insured as they are designed to be portable.*

1.2 Please state whether you have any single item(s) of **portable contents** valued at more than £5,000? ☐ Yes ☐ No

*If "yes" please detail the nature of these items and confirm the value of the highest value single item.*

1.3 Please detail the amounts to be insured for stock or general contents in transit anywhere in the world:

Any one carrying:

Estimated annual carryings:

## Section 2: Amounts Insured – Co-located Computer Equipment

Please only complete this section if you have computer equipment or general contents co-located within a third party data centre. If you have computer equipment or general contents co-located at any location other than a data centre, please complete Section 3 and Section 4.
**Provided you have completed Section 2, we do not require Sections 3 or 4 to be completed in respect of computer equipment or general contents co-located within third party data centre locations**

*If you need to declare more locations, please provide this information in the Additional Information section.*

*2.1* Please state the name of the data centre operator and the building address:

Location 1

Name:

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

Location 2

Name:

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

*2.2* Please state the amounts to be insured below (excluding portable contents declared in 1.1):

Location 1

Computer Equipment:

Other general contents:

Location 2

Computer Equipment:

Other general contents:

Please state the tier classification of the data centre:

Location 1

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4

Location 2

☐ Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4

## Section 3: Amounts Insured – Specified Location

*If more than one location is to be insured please provide all of the information required by this section for each location in the Additional Information section.*

3.1 Building Address (Address, County, Postcode, Country):

3.2 Please detail the amounts to be insured below (excluding portable contents declared in 1.1):

| | | | | | |
|---|---|---|---|---|---|
| Building: | £ | | Computer equipment: | £ | |
| Tenants improvements: | £ | | Other general contents: | £ | |
| Stock: | £ | | Rent payable: | £ | |

3.3 Please state whether you have any single item(s) of stock or general contents valued at more than £5,000? ☐ Yes ☐ No

*If "yes" please detail the nature of these items and confirm the value of the highest value single item.*

## Section 4: Specified Location – Building Details

Please answer the questions in this section in relation to the building address specified in Section 3.

4.1 Please state the following in relation to the construction of the premises:

a) estimated year of construction:

b) nature of construction:

☐ masonry non combustible ☐ other ( please specify):

c) whether any part of the premises has a flat roof: ☐ Yes ☐ No

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

*If "yes", please state:*

the age of the composite panels:

whether the panels are LPCB approved: ☐ Yes ☐ No

the type of infill:

e) whether the premises is grade listed:

☐ Grade 1 ☐ Grade 2 ☐ N/A

f) whether the premises is detached: ☐ Yes ☐ No

g) whether there are any outbuildings or storage containers located at the premises: ☐ Yes ☐ No

4.2 Please state the following in relation to the occupation of the premises:

a) the nature of the activities undertaken by you at the premises:

b) whether you are the sole occupant of the premises: ☐ Yes ☐ No

*If "no":*

Please describe the nature of activities undertaken by any other occupants:

Please state whether you share any part of your tenanted area with other occupants: ☐ Yes ☐ No

c) describe the nature of activities undertaken within any adjoining premises or at any detached premises with less than 5m of separation

d) what floor(s) you occupy ?

4.3 Please state the following in relation to the protections at the premises:

a) whether a functioning fire alarm system is installed: ☐ Yes ☐ No

*If "yes", please state whether the system is remotely monitored by an alarm receiving centre or is it a dual path signaling system notifying either the emergency services or a key holder?* ☐ Yes ☐ No

b) whether a functioning fire suppression system is installed: ☐ Yes ☐ No

c) whether a functioning intruder alarm system is installed: ☐ Yes ☐ No

*If "yes", please state whether the system is remotely monitored by an alarm receiving centre or is it a dual path signaling system notifying either the emergency services or a key holder?* ☐ Yes ☐ No

d) whether a functioning CCTV system is installed: ☐ Yes ☐ No

e) whether all external access points to the premises have access control systems or lockable devices installed: ☐ Yes ☐ No

f) whether all internal access points to your tenanted area have access control systems or lockable devices installed: ☐ Yes ☐ No

*If you have answered yes to any of a) - f) above please state whether all systems are always activated and all lockable devices are always locked when the premises are unoccupied:* ☐ Yes ☐ No

*If "no", please explain why?*

g) whether there are any concierge or security personnel: ☐ Yes ☐ No

*If "yes", please state their working hours:*

h) whether all stock is stored within a designated storage area: ☐ Yes ☐ No ☐ N/A

i) whether all stock is stored to a minimum height of at least 10cm from the floor: ☐ Yes ☐ No ☐ N/A

j) whether all flammable/hazardous substances are kept in a special fire proof cabinet: ☐ Yes ☐ No ☐ N/A

4.4 Please state the following in relation to the potential exposures present at the premises

a) the nature of any stock stored at the premises:

b) whether any heat work is undertaken at the premises: ☐ Yes ☐ No

*If "yes", please provide further details:*

c) whether any machinery is operated at the premises: ☐ Yes ☐ No

*If "yes", please provide further details:*

d) whether any floods have been experienced at the premises: ☐ Yes ☐ No

e) whether the premises has any cracks or other signs of damage that may be due to subsidence, landslip or heave: ☐ Yes ☐ No

f) whether any damage caused by subsidence, landslip or heave has been experienced at the premises: ☐ Yes ☐ No

g) whether any machinery is operated or any heat work undertaken whilst unattended, including overnight: ☐ Yes ☐ No

## Section 5: Amounts Insured – Business Interruption

*If more than one location is to be insured and individual amounts insured are required per location, please provide all of the information required by this section for each additional location in the Additional Information section.*

5.1 Indemnity period (months):

*Any amounts insured declared below should be calculated for the required indemnity period specified above.*

5.2 Please select the nature of cover required (only select one option)*:

**Increased costs are the reasonable sums necessarily incurred in addition to your normal operating expenses to mitigate an interruption to and continue your business activities, provided that the costs are less than your expected actual loss sustained had these measures not been taken.*

☐ Increased cost of working only ☐ Gross revenue/profit including increased cost of working

5.3 Please specify the amount insured for your selection in 5.2: £

5.4 If you have selected the gross revenue/profit option in 5.2 above please state whether the amount declared in 5.3 is less than your total gross revenue/profit applicable for the selected indemnity period: ☐ Yes ☐ No

*If "yes", please state the total gross revenue/profit applicable for the selected indemnity period: £*

5.5 Please state whether cover for additional increased cost of working is required: ☐ Yes ☐ No

***(This cover is only available to buy in addition to cover selected under 5.2)***

**Additional increased costs are the reasonable sums necessarily incurred during the indemnity period that are in addition to your normal operating expenses and any increased cost of working cover selected in 5.2.*

*If "yes", please state the sum insured required: £*

5.6 Please state whether cover for rental income is required: ☐ Yes ☐ No

*If "yes", please state the sum insured required: £*

5.7 If you are unable to access the premises, how long would it take to resume normal business operations?

5.8 Do you have a business continuity plan in place? ☐ Yes ☐ No

*If "yes", please provide details:*

## 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.cfc.com/privacy***

Contact name: Position:

Signature: Date (DD/MM/YYYY):

## Additional Information

# Multi-factor authentication and back up

## Supplementary application form

UK

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 as completely as possible.*
*Once completed, please return this form to your insurance broker.*
*Please use the 'Additional information' page at the end of this application if you require more space to answer any question.*

1.1 Company name:

1.2 Please state whether multifactor authentication is enabled for:

a) all remote access to your network (including any remote desktop protocol connections); ☐ Yes ☐ No

b) all your company email accounts; ☐ Yes ☐ No

c) all cloud resources holding sensitive or confidential information; ☐ Yes ☐ No

d) any software solution of operating system component that allows commands to be made remotely or software to be executed remotely on any third-party system: ☐ Yes ☐ No

*If "no", please provide full details:*

1.3 Please state whether you have a backup policy in place for:

a) your critical systems used to provide your technology services; ☐ Yes ☐ No

b) all client data that is held on your computer systems; ☐ Yes ☐ No

c) data that is held on your clients computer systems for which you are responsible. ☐ Yes ☐ No

*If "yes" for a, b or c above please state whether:*

i. there are three instances of the data with one being the production data and two instances being backed up data; ☐ Yes ☐ No

ii. backed-up data instances are stored at two data centres with one data centre being at least 10 kilometres / 6 miles away from the other data centre; ☐ Yes ☐ No

iii. you have prevented any one user account from accessing both backed up instances to modify or delete any of the backed up data; ☐ Yes ☐ No

iv. one backed up instance of the data is immutable; ☐ Yes ☐ No

v. one backed up instance of the data is held on a separate network; ☐ Yes ☐ No

vi. each user account has its own unique password or passphrase to access it. ☐ Yes ☐ No

*If "no", please provide full details:*

1.4 If your clients do not purchase a backup service from you, please state whether you have hold harmless agreements in your favour for any potential liability that you may incur arising out of any computer system backup or failure to provide any computer system backup: ☐ Yes ☐ No

1.5 If your clients do purchase a backup service from you but you do not have back-up policies in place to the level stated in 1.3, please state whether you have hold harmless agreements in your favour for any potential liability that you may incur arising out of any computer system backup or failure to provide any computer system backup? ☐ 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 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.cfc.com/privacy*

Contact name: Position:

Signature: Date (DD/MM/YYYY):

# Multi-factor authentication and back up

## Supplementary application form

UK

### Additional Information