

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, County, Postcode, Country):

Website Address:

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

1.3 Number of employees:

a) Employee Reference No. (ERN)

b) Do you have any subsidiaries in the UK? Yes No

If you answered "yes" to b) above, please add details including company name, address and ERN in the additional information section

1.4 Do you have any US subsidiaries? Yes No

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 a percentage breakdown of your current financial year pay roll for the following employee categories:

Clerical (%): Manual work away from your premises (%): Hazardous work away from your premises (%):

1.8 Please provide details for the primary contact for this insurance policy:

Contact name: Position:

Email address: Telephone number:



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

3.7 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: Cyber Security Risk Management**

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

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4.2 Please describe the most valuable data assets you store:

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4.3 Please state:

a) who is responsible for IT security within your business (by job title):

b) how many years have they been in this position:

c) whether you comply with any internationally recognised standards for information governance:      Yes      No

*If you answered "yes" to c) above, please state the internationally recognised standards with which you comply:*

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4.4 Please tick all the boxes below that relate to companies or services where you store sensitive data or who you rely upon to provide critical business services:

Adobe	Amazon Web Services	Dropbox	Google Cloud
IBM	Microsoft 365	Microsoft Azure	Oracle Cloud
Salesforce	SAP	Workday	

4.5 Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanation on the final page of this document.

Advanced Endpoint Protection	Application Whitelisting	Asset Inventory	Custom Threat Intelligence
Database Encryption	Data Loss Prevention	DDoS Mitigation	DMARC
DNS Filtering	Employee Awareness Training	Incident Response Plan	Intrusion Detection System
Mobile Device Encryption	Penetration Tests	Perimeter Firewalls	Security Info & Event Management
Two-factor Authentication	Vulnerability Scans	Web Application Firewall	Web Content Filtering

4.6 Please provide the name of the software or service provider that you use for each of the controls highlighted in 4.5:

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## Section 5: Intellectual Property Rights Risk Management

5.1 Please describe below your procedures for:

- a) preventing infringing on third party intellectual property rights; and
- b) obtaining licenses to use and the monitoring of third party intellectual property rights:

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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:*

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5.3 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 6: Property Cover

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

## Section 7: Claims Experience

7.1 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.*

**Section 8: 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 organisation 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:

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**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):
.....	.....

## Advanced endpoint protection

Software installed on individual computers (endpoints) that uses behavioural and signature based analysis to identify and stop malware infections.

## Application whitelisting

A security solution that allows organisations to specify what software is allowed to run on their systems, in order to prevent any non-whitelisted processes or applications from running.

## Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

## Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organisations with intelligence on cyber threats and cyber threat actors pertinent to them.

## Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

## Data loss prevention

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

## DDoS mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

## DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

## DNS filtering

A specific technique to block access to known bad IP addresses by users on your network.

## Employee awareness

Training programmes designed to increase employees' security awareness. For example, programmes can focus on how to identify potential phishing emails.

## Incident response plan

Action plans for dealing with cyber incidents to help guide an organisation's decision-making process and return it to a normal operating state as quickly as possible.

## Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

## Mobile device encryption

Encryption involves scrambling data using cryptographic techniques so that it can only be read by someone with a special key. When encryption is enabled, a device's hard drive will be encrypted while the device is locked, with the user's passcode or password acting as the special key.

## Penetration tests

Authorised simulated attacks against an organisation to test its cyber security defences. May also be referred to as ethical hacking or red team exercises.

## Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

## Security info & event management (SIEM)

System used to aggregate, correlate and analyse network security information – including messages, logs and alerts – generated by different security solutions across a network.

## Two-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

## Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

## Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

## Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organisation. For example, known malicious websites are typically blocked through some form of web content filtering.

## Appendix 1: Property Cover

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

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

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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 LPCB approved:    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:

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6.4 Are any of the premises listed?    Yes    No

If "yes", please state the grade:

Grade I

Grade II

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

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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:

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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:

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