



### Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Company name: \_\_\_\_\_ Primary industry sector: \_\_\_\_\_

Primary address (address, county, postcode, country): \_\_\_\_\_

Description of business activities: \_\_\_\_\_

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

Date established (DD/MM/YYYY): \_\_\_\_\_ Number of employees: \_\_\_\_\_

Last 12 months gross revenue: £ \_\_\_\_\_ Revenue from US sales (%): \_\_\_\_\_

Last 12 months gross profit: £ \_\_\_\_\_

### Primary contact details

Please provide contact details for the individual within your organisation who is primarily responsible for IT security. These details will be used to provide information about downloading our incident response app and receiving risk management alerts and updates:

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Cyber security controls

Please confirm whether multi-factor authentication is enabled and enforced for all remote access to your network: Yes No

Please confirm whether multi-factor authentication is enabled and enforced for remote access to all company email accounts: Yes No

Please confirm whether you have offline back-ups that are fully disconnected from your live environment or cloud-based back-ups with access secured by multi-factor authentication: Yes No

### Previous cyber incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

<input type="checkbox"/> Cyber extortion	<input type="checkbox"/> Data loss	<input type="checkbox"/> Denial of service attack	<input type="checkbox"/> IP infringement
<input type="checkbox"/> Malware infection	<input type="checkbox"/> Privacy breach	<input type="checkbox"/> Ransomware	<input type="checkbox"/> Theft of funds
<input type="checkbox"/> Other (please specify) _____			

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than £10,000? Yes No

If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring again:

### 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](http://www.cfc.com)

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_