



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.

Legal entity name:  
.....

Company name:  
.....

Registered Address (Address, State, Postcode, Country):  
.....  
.....

Website Address:  
.....

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

1.3 Please state the currency you are reporting in:  
.....

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

	Last complete FY	Estimate for current FY	Estimate for next FY
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Domestic customer revenue:  
.....

USA customer revenue:  
.....

Other territory customer revenue:  
.....

Total gross revenue:  
.....

Profit (Loss):  
.....

1.5 Please provide the following details of any funding you have procured:

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

**Section 2: Activities**

2.1 Please describe below the products and services supplied by your business and provide an approximate breakdown of how the revenue is generated from them:



Section 3: Cyber Security Risk Management

3.7 Please describe the type, nature and volume of the data stored on, accessed or processed through your network, including a rough estimate of the total volume of unique individuals you hold data on:

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Section 4: Insurance Requirements

4.1 Please provide details of your current Errors & Omissions, Cyber, General Liability and Legal Expenses and Directors & Officers insurance or the cover you require if this is the first time you are applying for this type of insurance:

Table with 3 columns: Insurance Type, Effective Date (MM/YY), Limit, Deductible. Rows include Errors & Omissions, Cyber, and General Liability.

Section 5: Statement of Fact

5.1 Do you and your subsidiaries comply with all the requirements detailed in the Statement of Fact below? Yes No

- 1. You do not provide any payment processing or POS technology, banking payment technology, live financial trading software, health information processing or storage, gaming or gambling software, control systems automation, biometrics, air traffic control solutions, industrial automation, space technology, managed services or wearable technology.
2. You do not own, access or process in excess of 250,000 PII/PHI/PCI records.
3. You have anti-virus software installed and enabled on all desktops, laptops and servers (excluding database servers) and it is updated on.
4. You have firewalls installed on all external gateways.
5. You take regular back-ups (at least weekly) of all critical data and store the same offsite or in a fire-proof safe, or your outsourced service.
6. Less than 25% of your revenue is derived from work subject to US contracts/law.
7. You do not have any contracts with an annual contract fee or overall project value exceeding 750,000.
8. You have not received more than a total of 2m in funding.
9. You do not have remote access to a client network through remote monitoring and management (RMM) software, virtual private network (VPN) or any other means.

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

Contact Name: Position:

Signature: Date (DD/MM/YYYY):