Technology companies

Insurance application form

US

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, State, ZIP, Country):

Website Address:

Number of employees:

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

1.3 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

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 (MM/DD/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 customer revenue:	$	$	$
Other territory customer revenue:	$	$	$
Total gross revenue:	$	$	$
Profit (Loss):	$	$	$

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

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

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 hardware 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/Goverment (%):	
Financial services (%):		Military (%):	

2.6 Please confirm whether you provide any managed services? ☐ Yes ☐ No

If "yes", please complete the Managed Service Providers Supplementary Application form.

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	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:

the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

Section 4: Cyber Security Risk Management

4.1 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:

4.2 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:

4.3 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

Section 6: Insurance Requirements

6.1 Please provide details of your current Errors & Omissions, Cyber and General Liability 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			

Section 7: Additional Information

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

Section 8: Claims Experience

8.1 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.cfcunderwriting.com/privacy**

Contact Name: Position:

Signature: Date (MM/DD/YYYY):