

AUSTRALIA
CANADA
UNITED KINGDOM
UNITED STATES
REST OF WORLD

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.

TION 1: COMPANY DE	TAILS		
	nd address of the principal company for what, but only if you include the data from all c		
Company name:			
Primary address (addres	s, state, ZIP, country):		
Website:			
Date the business was est	ablished: MM / DD / YYYY		
Number of employees:			
Date of company financia	ıl year end: MM / DD / YYYY		
Please state your gross r	evenue in respect of the following years:		
	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total gross revenue:	\$	\$	\$
Profit (Loss):	\$	\$	\$
Please provide details fo	r the primary contact for this insurance pol	licy:	
Contact name:		Position:	
Email address:		Telephone number:	



# **SECTION 2: ACTIVITIES**

Please describe below the products and	services supplied by your busi	ness:	
Please provide an approximate percenta (e.g software customization, hardware d		venue is generated from your products and services sulting, SAAS etc):	
Please provide a percentage breakdowr	n of your products and services	supplied to the following sectors:	
Consumer:	%	Manufacturing:	
Entertainment:	%	Retail:	
Financial services:	%	Telecommunications:	
Government:	%	Transportation:	
Healthcare:	%	Other:	
If "other", please describe below:			



**SECTION 3: CONTRACT & RISK MANAGEMENT INFORMATION** 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: Please describe the impact on your clients if your products or services failed or you were unable to deliver your products or services: Yes No Do you employ subcontractors? If "yes", please state: a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors: Yes No b) whether you sign reciprocal hold harmless agreements:

c) whether you ensure that contractors have their own errors and omissions and commercial general liability insurance:

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

Yes No



# **SECTION 4: CYBER SECURITY RISK MANAGEMENT**

	sitive information you hold and provide	an approximate number of unique	records that you store or process:
2 Please describe the most valua	ble data assets you store:		
Please state:			
a) who is responsible for IT secu	urity within your business (by job title):		
b) how many years have they bee	n in this position:		
c) whether you comply with any	internationally recognized standards fo	r information governance:	Yes No
4 Please tick all the boxes below services:	that relate to companies or services whe	ere you store sensitive data or who	you rely upon to provide critical
	that relate to companies or services whe	ere you store sensitive data or who	you rely upon to provide critical  Google Cloud
services:	_		
services:  Adobe	Amazon Web Services	Dropbox	Google Cloud
services:  Adobe  IBM  Salesforce  Please tick all the boxes below	Amazon Web Services	☐ Dropbox ☐ Microsoft Azure ☐ Workday  have implemented within your IT in	Google Cloud Oracle Cloud
services:  Adobe  IBM  Salesforce  Please tick all the boxes below	Amazon Web Services  Microsoft 365  SAP  that relate to controls that you currently re of what any of these tools are, please	☐ Dropbox ☐ Microsoft Azure ☐ Workday  have implemented within your IT in	Google Cloud Oracle Cloud
services:  Adobe  IBM  Salesforce  Please tick all the boxes below by a third party). If you're unsur	Amazon Web Services  Microsoft 365  SAP  that relate to controls that you currently re of what any of these tools are, please	☐ Dropbox ☐ Microsoft Azure ☐ Workday  have implemented within your IT in refer to the explanation on the find	Google Cloud Oracle Cloud  ofrastructure (including where provided all page of this document.
services:  Adobe  IBM  Salesforce  Please tick all the boxes below by a third party). If you're unsur  Advances endpoint protectio	Amazon Web Services  Microsoft 365  SAP  that relate to controls that you currently re of what any of these tools are, please  Application whitelisting	Dropbox  Microsoft Azure  Workday  have implemented within your IT in refer to the explanation on the find	Google Cloud Oracle Cloud  ofrastructure (including where provided all page of this document.  Custom threat intelligence
services:  Adobe  IBM  Salesforce  Please tick all the boxes below by a third party). If you're unsur  Advances endpoint protectio  Database encryption	Amazon Web Services  Microsoft 365  SAP  that relate to controls that you currently re of what any of these tools are, please an Application whitelisting  Data loss prevention	Dropbox  Microsoft Azure  Workday  have implemented within your IT in refer to the explanation on the find  Asset inventory  DDoS mitigation	Google Cloud Oracle Cloud  offrastructure (including where provided all page of this document.  Custom threat intelligence



	Please provide the name of the software or service provider that you use for each of the controls highlighted on the previous page:
SEC	TION 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:
5.2	Please state whether you have ever sent or received the following relating to intellectual property rights:
	a) a cease and desist letter:
	b) notification of an actual or potential claim letter:
	If you have answered "yes" to a) or b) above, please provide full details:
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 a quote for property cover, please complete the questions in Appendix 1.

### **SECTION 7: CLAIMS EXPERIENCE**

7	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:	No
	b) which resulted in legal action being made against any of the companies to be insured within the last 5 years:	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.	e ion



### **SECTION 8: ADDITIONAL INFORMATION**

- 8.1 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 provide this spa	ace below to provide us with any other relevo	ant information:	
, ,	,		
ORTANT NOTICE			
	e that the information provided is both accu	rate and complete and that you hav	re made all reasonable attempts to ei
	appropriate people within your business. CF		
	hare your data with third parties in order to		
ustry trends and to prov	ride benchmarking data. For full details on c	our privacy policy please visit <b>www.</b>	ctcunderwriting.com/privacy
ct name:		Position:	
ure:		Date: MM / DI	D / YYYY



# CYBER SECURITY CONTROLS EXPLAINED

#### **ADVANCED ENDPOINT PROTECTION**

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

### **APPLICATION WHITELISTING**

A security solution that allows organizations 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 organizations 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 programs designed to increase employees' security awareness. For example, programs can focus on how to identify potential phishing emails.

#### **INCIDENT RESPONSE PLAN**

Action plans for dealing with cyber incidents to help guide an organization'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**

Authorized simulated attacks against an organization 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 organization. For example, known malicious websites are typically blocked through some form of web content filtering.



# **APPENDIX 1: PROPERTY COVER**

6.1	Please	state:
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e) when approximately the roof of the premise f) how the roof is constructed:  Pitched tiled  Sla  g) the percentage of flat roof on the premise h) how the floor is constructed:	ck/Concrete/Stone ses was last renovated: tte ess: aber construction:	Steel sheet  Profile steel sheetin  Other:	ng Other:	/ DD / YYYY
Bride  e) when approximately the roof of the premise  f) how the roof is constructed:  Pitched tiled  g) the percentage of flat roof on the premise  h) how the floor is constructed:  Concrete  Time  i) whether composite panels are used in the  If yes, please state:  the age of the composite panels:  whether the panels are approved by an approbuilding regulations:  the type of infill:  Please state whether the premises:	ses was last renovated:  te  es:  ber  construction:	Profile steel sheetin	mg Other:	/ DD / YYYY
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f) how the roof is constructed:  Pitched tiled Sla  g) the percentage of flat roof on the premise  h) how the floor is constructed:  Concrete Tim  i) whether composite panels are used in the  If yes, please state:  the age of the composite panels:  whether the panels are approved by an appribuilding regulations:  the type of infill:  Please state whether the premises:	nber construction:	Other:	ng Other:	
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h) how the floor is constructed:  Concrete  Time  i) whether composite panels are used in the  If yes, please state:  the age of the composite panels:  whether the panels are approved by an approbuilding regulations:  the type of infill:  Please state whether the premises:	nber construction:		able minimum	
Concrete Times  i) whether composite panels are used in the street of the composite panels:  the age of the composite panels:  whether the panels are approved by an approbuilding regulations:  the type of infill:  Please state whether the premises:	construction:		uble minimum	Yes N
i) whether composite panels are used in the  If yes, please state:  the age of the composite panels:  whether the panels are approved by an appribuilding regulations:  the type of infill:  Please state whether the premises:	construction:		uble minimum	Yes N
If yes, please state: the age of the composite panels: whether the panels are approved by an appr building regulations: the type of infill:  Please state whether the premises:		y and comply with the applice	uble minimum	Yes N
the age of the composite panels: whether the panels are approved by an approbuilding regulations: the type of infill:  Please state whether the premises:	ropriate regulatory body	y and comply with the applice	uble minimum	
whether the panels are approved by an approbability building regulations:  the type of infill:  Please state whether the premises:	ropriate regulatory body	y and comply with the applice	able minimum	
building regulations:  the type of infill:  Please state whether the premises:	ropriate regulatory body	y and comply with the applice	able minimum	
Please state whether the premises:				Yes N
a) is detached:				
				Yes N
If 'no', please state what measures are in pla	ace to protect the premis	ses from damage if there is a	fire in a neighbouring p	operty:
			***************************************	
b) is self-contained with a lockable entrance				
If 'no', please provide details on alternative s	door:			Yes N



c) is protected by:				
Security grills	Shutters	Window bars		
d) contains other external doors:				Yes No
If yes, please state the type of locki	ing system:			
Key operated security bolt	Panic bar locking system	Other:		
e) has lockable opening windows c	on all levels:			Yes No
If yes, please state the type of locki	ing system:			
Key operated locking device		N/A (i.e. permanently sealed s	shut)	
f) is protected by intruder alarm sys	stems which are connected to all win	dows and doors and is subject		Yes No
If yes, please state the type of aları	m:			
Bells only	Central station	DigiCom	RedCare	
g) is protected by intruder alarm sy an annual maintenance contrac	rstems which are connected to all wir t:	ndows and doors and is subject to		Yes No
h) is protected by exterior and inter	rior cameras:			Yes No
i) is overseen by 24 hour guards:				Yes No
		y of your premises including locks an for business or otherwise left unattend		1
j) is free from cracks or other signs not previously suffered damage b	of damage that may be due to subsi	dence, landslip or heave and have		Yes No
k) is in an area free from flooding (	and not near the vicinity of any rivers	, streams or tidal waters:		Yes No
l) is heated by one of the following	methods: conventional electric, gas	, oil or solid fuel heating:		Yes No
m) has lifts, boilers, steam and pre statutory requirements:	ssure vessels inspected and approve	d to comply with all of the		Yes No
n) has a back-up system for the ele	ectrical supply:			Yes No
o) has any portable premises:				Yes No
NOTE: Assuming you have answer may ask for evidence of these befo		bove, it is important to keep records	of all the relevant in	spections as we
If you have answered 'no' to any or	f the above questions, please give fu	rther details:		



6.3	Are any of the premises listed?		Yes No
	If 'yes', please state the grade:	Grade I	Grade II
6.4	If applicable, how is your stock stored at the premises?		
6.5	Are flammable/hazardous substances kept in a specialist, flame proof cabinet in l	ine with health and safety regulations?	Yes No
	If 'yes', please provide details:		
6.6	If requesting a limit for business interruption, do you have a business continuity pla	an in place?	Yes No
	If 'yes', please provide details:		



# 6.7 Please detail the amounts to be insured below for each 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.

Item	Premises 1	Premises 2
Building coverage:		
Loss of income:		
Indemnity period:	Months	Months
Loss of rent:		
Indemnity period:	Months	Months
Inventory/stock:		
Cultivation equipment:		
Business personal property:		
Tenants improvements:		