



Basic Company Details

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

Company Legal Name:	Phone #
.....
Contact Name:	Email:
.....
Primary Office Address:	
.....	

1.2

Activities: Provide a % breakdown of services by MSP, IT Consulting – Break Fix, VAR and Software Development: (total must equal 100%):

.....

.....

1.3 Property Information

General Contents (At Your Premises): \$

Computer Equipment (At Your Premises): \$

All Other Contents including Computers (Away from Your Premises): \$

Please provide standard business interruption coverage value requested. Typically \$50K, \$100K, \$250K, \$1M or annual revenue value (this is for standard business interruption if you lose access to your office space or physical building): \$

Is your building less than 25 years old? If it is older than 25 years, have there been updates to the plumbing, heating, roofing and electrical wiring in the last 10 years?

Yes No

Is your property self-contained with a lockable entrance door?

Yes No

The following questions must be true. If not, clearly explain on supplementary back-page

- Do you take regular (at least monthly) backups of key server configurations and data?
- Are your backups encrypted?
- Are your backups disconnected from and inaccessible through the organizations network?
- Do you test the successful restoration and recovery of key server configurations and data from backups?
- Do you use credentials unique to backups that are stored separately from other user credentials?

Yes No



Section 1: Company Details

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

Company name:	DBA
.....
Last complete financial year revenue: \$	Estimate for current financial year revenue: \$
.....
Last complete financial year revenue from Intl. sales (%):	Estimate for current financial year revenue from Intl. sales (%):
.....

1.2 Current number of employees:

.....

1.3 Please inform us of any significant changes to your business that has occurred in the last 12 months, such as a change to your address, business operations or company structure (including any mergers or acquisitions):

.....

1.4 Do you provide managed services? Yes No

If "yes", please complete the managed service providers supplementary application form at the back of this application.

.....

1.5 Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof? Yes No

If "yes", please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

.....

1.6 If you did not purchase general liability insurance from CFC last year but would like a quote this year, please provide details of the cover you require below:

General liability limit: \$

.....

Please complete the commercial property & business interruption supplementary application if you would like a property insurance quote.

.....

Section 2: Additional Information

2.1 Please use this space to provide any additional information that you think may be relevant to this application.

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.cfcunderwriting.com/privacy

Contact name:	Position:
.....

Signature:	Date (MM/DD/YYYY):
.....

This supplementary application form is for companies providing managed services.

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 as completely as possible.

Once completed, please return this form to your insurance broker.

Please use the 'Additional information' page at the end of this application if you require more space to answer any question.

Section 1: Company Details

1.1 Please state the date the business was established: (MM/DD/YYYY)

1.2 Please fill out the table below in respect of all key principals and personnel in your business and any relevant certifications or qualifications held by them:

Name of key personnel	Job Title	Qualifications
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.....
.....
.....

1.3 Please provide the names of any managed services provider industry bodies or organisations that you are a member of:

.....

1.4 Please state whether your business has adopted any of the following security frameworks:

a) NIST CSF	Yes	No
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b) CIS Critical Security Controls	Yes	No
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c) ISO27001/2	Yes	No
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c) SSAE-16 SOC 2/3	Yes	No
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1.5 Please state your:

a) annual profit or loss \$:

b) rate charged per user or endpoint for your clients and state whether the rate is per user or per endpoint:

1.6 a) Please state the percentage split of staff for the following categories:

Sales (%)	Technical (%)	Office (%)
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b) Please state the percentage of your technical staff that work remotely: (%)



Section 2: Business Activities

2.1 Please provide a percentage split of your customers by industry:

Industry	Percentage split of your customers (%)

2.2 Please state the percentage of your clients that have a remote worker population or foreign operations that you are responsible for: (%)

2.3 Please state:

a) Your current number of customers: _____

b) Your expected number of customers for the next 12 months: _____

c) Your number of endpoints managed: _____

2.4 Please state whether you provide hosting services to your clients: Yes No

If "yes", please provide full details including confirmation of whether this is outsourced to a third party, who the third party responsible for hosting is and whether they are rated as Tier 3 or better:

Section 3: Cyber Risk Management

3.1 Please provide the vendor and name of your RMM software and the date you signed to that contract:

3.2 Please provide details of how you host your RMM software (i.e. internally/private, public or vendor):

3.3 Please state whether you lock down your RMM to client IP addresses: Yes No

3.4 Please provide details of your vulnerability management process:

3.5 Please provide details of your controls surrounding access control:



Managed Service Providers

Supplementary application form



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Contact Name:

Position:

Signature:

Date (MM/DD/YYYY):

Additional Information



application form

Important notice

Program Notes:

- **Medical Software & Technology Services** standard coverage is only applicable if it NOT used in direct patient or clinical care context. If that is not the case, please advise exactly what medical software is being offered or re-sold by your firm? IT and Tech products including standard office software like QuickBooks is acceptable.
 - **Low voltage Cabling and Installation** that does not require electricians license or ladders over 10 feet is acceptable. Any cabling or installation work in excess of this must be referred.
 - **Are you an ASCII Member?** If no, please advise below or how you heard about TechRisks.com
-

Additional Information