



Application:

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 Exact Legal Name:

Primary Physical Address (city, state, zip)

Mailing and Register Co. Address if different

Website:

Please provide details for the primary contact for this insurance policy:

Contact Name: Position:

E-Mail: Phone:

1.2 Date the business was established (mm/dd/yy)

1.3 Date the business began providing Managed Service (mm/dd/yy)

** ENTER APPROXIMATE DATES IF NEEDED AND APPLICABLE*

1.4 Number of Employees: Number of Part-Time Employees

1.5 Date of company fiscal year end(mm/dd/yy)

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 Revenue	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Territory Revenue	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total Gross Revenue	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Profit (or Loss)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

** This is not your Net Revenue / Net Income. - This is total gross revenue as reported to the IRS.*

1.7 Please state your:

Fein Number

Total Payroll:

(NOTES REMEMBER TO INCLUDE LLC or Inc. in name. Also please do not enter a PO Box or a UPS Store Address for Physical address. If you are a home-based business, note that address. A virtual office must have at a minimum one assigned physical location)

Section 2: Business Activities

2.1 Please provide a percentage breakdown of your products and services:

Please note that the total of all your products and services should equal 100% for example 35% MSP, 35% IT Consulting, and 30% VAR

		%
		%
		%
		%

2.2 Please state whether you provide hosting services to your clients

- No
 Yes, Own Servers
 Yes, outsourced to a third party

If outsourced to a third party, please state who the third-party is: _____

If outsourced to a third party, please state whether they are rated Tier 3 or better: Yes No

2.3 Please provide a percentage breakdown of your products and services supplied to the following sectors:

Healthcare (%)		Finance(%)	
Legal (%)		Retail (%)	
Other (%)			

If "other", please describe below:

if other, including general businesses across multiple industries besides the above, state that below.

2.4 Please state whether you:

a) sell products including hardware: Yes No

If "yes" please confirm what Approximate percentage of your current year revenue this represents: (%) _____

b) are involved with hardware installation at third party / client premises: Yes No

If "yes" please confirm what Approximate percentage of your current year revenue this represents: (%) _____

2.5 IF YOU HAVE QUESTIONS OR COMMENTS REGARDING ABOVE PLEASE CONFIRM HERE.

Section 3: Contract & Legal Basic Info:

3.1 Please state whether you have any contracts of more than \$500,000 per annum: Yes No

If "yes" please confirm the size in USD and the length of your three largest contracts:

Name of client	Start of contract (MM/YY)	End of contract (MM/YY)	Size (USD) per annum

3.2 Do you always work under a purchase order, terms and conditions or a written contract?

Yes NO

If No, From what percentage of customers does the Applicant obtain documented contracts, purchase orders, or user acceptance agreements?

3.3 Please state which of the following contractual provisions are found in all of your purchase orders, terms and conditions or written contracts:

Limitation of liabilities for consequential damages or caps on Liability? Yes NO

Agreed Statement of Work Yes NO

Change control procedures for any changes to the agreed Statement of Work: Yes NO

If "no" to any of the above, please explain:

Please state whether you undertake any work on third party systems: Yes NO

Third party typically means clients.
if you are an MSP answer is likely yes.

If work is completed on any third-party systems, do you ensure there is documented sign off so that backups are operating correctly? Yes NO

Do you provide any business to consumer product offerings? Yes NO

Do you have any contracts with Federal or State Governments? Yes NO

What is the size of the Applicant's largest customer relationship in terms of annual revenue?

\$ dollar value

Please confirm number of clients:

Does qualified legal counsel assist in the development of Applicants standard contracts or any substantially customized contracts?

Yes NO

Which of the following **contractual provisions** (favorable to the applicant or mutually beneficial) are found in the majority of the applicant's customer contracts, purchase orders, or user agreements?

Limitation of liabilities for consequential damages What percentage contain this? _____ 100%?

Disclaimers of Warranties

Hold Harmless

Caps on Damages What is the most common cap on damages? Fees Paid/ Contract amount? or other? clarify other below.

Exclusive Remedies

Does the applicant sub-contract work to others? Yes If Yes, what % of Revenue is sub-contracted? _____

If over 10% subcontracted, do you require subs to carry insurance and do you require them to provide your firm certificates of insurance? Yes No

If no, the answer should be yes and I can help you / your subs obtain the coverage & certificates to meet this requirement

Additional Contract Comments or Questions if needed:

Note we offer packaged solutions so at times it is very beneficial to include the cyber information.

Section 4: Cyber Security Risk Management

4.1 Please state whether

(a) Multifactor Authentication is enabled on any software solution or operating system* supplied by you to your client that allows commands to be made remotely or software to be executed remotely: Yes No

* Please note this includes any remote management and monitoring tool (RMM) or virtual private network(VPN).

(b) You have a backup policy in place for all data on your computer systems or on your client's computer systems which you are responsible for: Yes No

If "yes", Please state whether (i.) you make three copies of data with one copy being the production data and two being back-up copies:

Yes No

(ii.) you store the back-up data copies in two different formats which are held at separate physical locations:

Yes No

(iii).any one user account cannot access both backup copies to modify or delete any of the backed-up data:

Yes No

(c) if the client did not purchase the service from you, do you have hold harmless agreements in your favor for any liability arising out of any computer system backup or failure to provide any computer system backup: Yes No

4.2 Please provide the name of your

RMM Software Vendor: _____

MFA Software: _____

4.3 Do you encrypt all sensitive data when shared on portable devices? Yes No
(supp)

(d.) Do you utilize anti-malware software? Yes No

(e.) Do you have a patch management process in place? Yes No

(f.) Does the applicant conduct mandatory information security and privacy training of employees and contractors for social engineering and phishing campaigns at least once a year? Yes No

(g.) Is Critical Information backed up at least weekly? Yes No

(h.) Are backups subject to:

Multi factor Authentication, Yes No

Segmentation, Yes No

Encryption? Yes No

If you need to clarify, type here.

- (i.) In the event of an interruption of the applicant's network, is the applicant's recovery time objective for critical systems, applications and processes under 8 hours? Yes No
- (j.) Do you have a Business Continuity plan in place? Yes No
- (k.) Do you have a Disaster Recovery Plan in place? Yes No
- (l.) Do you have an incident response plan in place? Yes No

Additional Cyber & Network Security comments or questions?

Note this section is optional but recommended. We offer packaged solutions so at times it is very beneficial to include your office building information.

Section 5: Your office / building info:

Does Your business own the building?

Does your business rent / lease office space?

Is your office located in your home?

What is the value of the business property to be insured?
(include computers, furniture, phones, faxes etc. in \$ amount per location)

What is the value of the building If owned by the business?

Construction Type:

1. Wood / Frame

2. Brick / Stucco - Joisted Masonry

3. Masonry Noncombustible - Concrete

4. Reinforced Steel

Is your office sprinklered?

What is the Total Square Footage of the part you occupy?

How many floors is the building?

What floor is your office on?

What year was the office / building built?

If older than 20 years old,

has the building undergone renovations for heating / air conditioning, plumbing, electrical and roof, provide best estimate(s)

Example Roof: 2010

If you have more locations:

Location Address #2:

Provide same info as noted in green above here:

Notes

1. If you are a home-based business, answer these questions. We are not insuring your home, only your home based business.
2. We can insure owned buildings and even homes but the named applicant, i.e. typically your tech company must own the property and buildings.
3. A virtual office must have at a minimum one assigned physical location.

Section 6 : Workers Comp / Employee Liabilities:

optional section but recommended

Annual Payroll by employee class type:

- 8810- Clerical / Admin

Annual payroll for next 12 months (total dollar amount for this class)

Number of Full-Time employees in this class

Number of Part- Time employees in this class

Are all employees located in your state? Yes . No.

If No breakdown full and part-time by location below .

- 8810 - Computer tech in office

Annual payroll for next 12 months (total dollar amount for this class)

Number of Full-Time employees in this class

Number of Part- Time employees in this class

Are all employees located in your state? Yes No.

If No breakdown full and part-time by location below .

- 8803 - Computer Tech – Travels

Annual payroll for next 12 months (total dollar amount for this class)

Number of Full-Time employees in this class

Number of Part- Time employees in this class

Are all employees located in your state? Yes No.

If No breakdown full and part-time by location below .

- 5191- Computer repair / installation

Annual payroll for next 12 months (total dollar amount for this class)

Number of Full-Time employees in this class

Number of Part- Time employees in this class

Are all employees located in your state? Yes No.

If No breakdown full and part-time by location below .

- 8742- Salesperson

Annual payroll for next 12 months (total dollar amount for this class)

Number of Full-Time employees in this class

Number of Part- Time employees in this class

Are all employees located in your state? Yes No.

If No breakdown full and part-time by location below .

- Other: please clarify:

What person(s) do, are they full time or part time and their total annual payroll:

Are owns or principals included in above payroll figures? Yes No.

Provide additional employee or payroll info here

Miscellaneous

Do employees drive for work related activities? Yes NO

If yes, how many?

Do you currently have Errors and Omissions - Cyber Insurance? Yes NO

If yes, do you have a prior acts retroactive date. Yes NO

If yes, what is your prior acts retroactive date?

Are Owners of your company planning any sales of your business or mergers and acquisitions over the next 6 months. Yes NO

Are you interested in optional but recommended Management and Owner Asset Protection? If yes, please simply return this application with a current balance sheet and income statement. If unable, can you confirm.

Assets Value \$

Liabilities value \$

FYI, This is noted on your E&O insurance policy declaration page. Currently 2 f our 4 underwriting partners requests copy / evidence of prior acts coverage if requested prior to quoting terms. Feel free to send copy of your policy, declaration or proof of prior acts.

Section 7: 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 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/yy

final note:

We assume the business currently does not own automobiles.

If your firm owns or purchases an auto, please see attached supplement*

How did you hear about TechRisks.com?

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Please return app to: e-contact@techrisks.com
Toll: 866.355.7475 Tel: 267.803.1371 Fax: 267.371.5180



Section 8: (auto supplement)

If your firm owns or purchases an automobile, please complete the below.

Vin Number(s)

--	--	--

Year

--	--	--

Make

--	--	--

Model

--	--	--

Mileages driven per year

--	--	--

Where is vehicle garaged? Address or zip code

--	--	--

Purchase price

--	--	--

Owned, Leased or Financed

--	--	--

Driver Info: Drivers Exact License Name

--	--	--

Which vehicle do they drive?

--	--	--

License number #

--	--	--

Date of birth

--	--	--

Male / Female

--	--	--

Marital Status

--	--	--

Employee or owner?

--	--	--

cdl license?

Any tickets / accidents? Yes No

Tickets / accidents: If Yes, provide full details: Dates, Descriptions, Details, Amounts Paid, Reserved etc.

Questions / Comments:

Feel free to provide us any feedback or additional information in the space below to better understand your company and exposures at hand: