

**Proposal form** 





#### Insurance application form

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

Please state the name and addre	ess of the principal company for w	hom this insurance is required.	. Cover is also provided for the subsidia			
		·	swers to all of the questions in this form			
Company name:						
Registered Address (Address, Cou	ınty, Postcode, Country):					
Website Address:						
Number of Employees:						
Date the business was established	ed (DD/MM/YYYY):					
Please confirm whether you have	e any subsidiaries: Yes No					
50% ownership) and state wheth	= :	subsidiaries as part of this app	ority ownership of (meaning more than olication (if you need space for addition			
	Date of acquisition/					
Name:	incorporation (if applicable):	Country of domicile:	Insurance required?			
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			pe covered as part of this application.			
insurance: Yes No	a corporate or other group structu	ire where some parts of the gro	oup are not subject to this application f			
If 'yes', provide details:						
ii yes, provide details.						
	1/55/10/1000					
Date of company financial year e						
	in respect of the following years:					
Please state your gross revenue i						
Please state your gross revenue i	Last complete financial year	Estimate for current financial year	Estimate for next financial year			
Please state your gross revenue i  Domestic customer revenue:	Last complete					
Domestic customer revenue:  USA customer revenue:	Last complete financial year	financial year	financial year			
Domestic customer revenue:	Last complete financial year £	financial year	financial year			
Domestic customer revenue:  USA customer revenue:	Last complete financial year £	financial year £	financial year £			



### Insurance application form

Percentage of total gross revenue subject to USA jurisdiction under contract for the current financial year: (%)

Funding round			£	
			, , , ,	
900, p.odoo p			Date of round (DD/MM/YYYY)	Amount raised
If "ves" please n	rovide the	following details of any f	funding you have procured:	
Please state wh	ether you	have received or plan to r	receive any investment or funding? Yes	No
If "yes", please p	rovide full	details:		
	Yes	No		
divestments):			e (including plans to sell the company or be inv	

# Technology companies Insurance application form



2.1 Please describe below the products and services supplied by your business:

#### Section 2: Activities

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 a tangible product 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/Government (%):	
	Financial services (%):  Military (%):	
2.6	Please confirm whether you provide any managed services? Yes No	
	If "yes", please complete the multi-factor authentication and back up supplementary application form.	

# Technology companies Insurance application form



#### Section 3: Contract & Risk Management Information

3.1	Please complete the following in re	espect of your three larges	t contracts in the last ye	ar:	
	Name of client	Nature of work	Contract start date	Duration	Annual contract Overall contract income to you value
3.2	Approximately how many custome	ers do you have?			
3.3	Do you always work under a purch	ase order, terms and cond	litions or a contract, agre	ed by every clien	t? Yes No
	If "no", please provide details as to	how a scope of work and i	liabilities are agreed upo	on?	
3.4	Please describe how, if at all, you lin	mit your liability for consec	quential loss or financial	damages:	
3.5	Please describe the impact on you	r clients if your products o	r services failed or you w	vere unable to del	iver your products or services:
3.6	Do you employ subcontractors?  If "yes", please state:  a) the approximate percentage of y	Yes No	pt fings circly out that wi		potvoctovo (VV)
	b) where they are located:			ii be paid to subci	
	c) whether you ensure that contract	ctors have their own errors	and omissions insurance	ce: Yes No	
	If you answered "yes" to c) above, v				
	d) whether you ensure that contract	······································		es No	
	If you answered "yes" to d) above, v	-	-		
	e) whether you ensure that contract			Yes No	
	If you answered "yes" to e) above, w	_			



#### Insurance application form

#### Section 4: Cyber Security Risk Management

For the purposes of this section the following definitions apply: Network means all of your electronic computers including operating systems, software, hardware, microcontrollers and all communication and open system networks and any data or websites wheresoever hosted, including cloud computing providers, off-line media libraries and data backups and mobile devices. Personally identifiable record means all data pertaining to a natural individual, excluding data relating to your own employees sensitive means any any data relating to children under the age of 18; bank account numbers or sort codes; criminal activity data; national insurance, social security or other national ID number information; passport, driving license or other ID card information; payment card numbers; and special category data. Please provide the approximate number of personally identifiable records stored, processed or in motion on your network per year: Please confirm the approximate percentage of the records identified in 4.1 that would be considered **sensitive**: (%) Please describe any other type of valuable or sensitive digital information that you store on your network, other than personally identifiable information: 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: 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: b) If "no", please explain in what circumstances MFA is not used and why:



### Insurance application form

#### 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
	If you have answered "yes", please provide full details:



#### Insurance application form

#### Section 6: Employer's Liability

6.1 If you require Employer's liability please complete the questions in the Employer's Liability Supplementary Application Form.

#### Section 7: Property Cover

7.1 If you require property cover, please complete the questions in Property Cover Supplementary Form.

#### Section 8: Insurance Requirements

8.1 Please provide details of your current 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			
Employers' Liability			
Directors & Officers' Liability			
Legal Expenses			

#### Section 9: Additional Information

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

# Technology companies Insurance application form



#### Section 10: Claims Experience

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

Contact Name:	Position:
Signature:	Date (DD/MM/YYYY):

# Employers' Liability Supplementary application form



Please provide your current financial year pay roll and a percentage breakdown of this for the following employee categories in the UK:					
UK Payroll: £					
Please ensure	that the combined total perc	centage of all fields below is 100%.			
At your premise	es (including working from ho	ome):			
Clerical (%):	Manual w	vork (%): Other (%):			
Away from you	r premises:				
Clerical (%):	Manual w	vork (%): Other (%):			
f you have inserted a percentage in the 'manual' or 'other' fields above, please specify the nature of work undertaken:					
ls contingent e	mployers' liability insurance re	required for your employees outside of the UK? Yes No N/A			
Do you current	ly or are you planning on perfo	forming any work above 5 metres or below 1 metre? Yes No			
If 'yes', please	orovide further details:				
Please complete the following information in respect of the company to be insured:					
		n respect of the company to be insured:			
Company Nam	Non-Exempt:	ERN:			
Company Nam	Non-Exempt:	ERN:			
Company Nam Exempt: Primary Addres	ne: Non-Exempt: ss (Address, County, Postcode	ERN: e, Country):			
Company Nam Exempt: Primary Addres	Non-Exempt:  SS (Address, County, Postcode te the following information in	ERN: e, Country): n respect of any subsidiaries in the UK which require Employers' Liability insurance	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary	Non-Exempt:  SS (Address, County, Postcode  te the following information in  Exempt:	ERN: e, Country): n respect of any subsidiaries in the UK which require Employers' Liability insurance	:		
Company Nam Exempt: Primary Addres Please comples a) Subsidiary Company Nam	Non-Exempt:  SS (Address, County, Postcode  te the following information in  Exempt:	ERN: e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:	:		
Company Nam Exempt: Primary Addres Please comples a) Subsidiary Company Nam	Non-Exempt:  SS (Address, County, Postcode  te the following information in  Exempt:	ERN: e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary Company Nam Primary Addres	Non-Exempt:  SS (Address, County, Postcode  te the following information in  Exempt:	ERN: e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN: e, Country):	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary Company Nam Primary Addres	Non-Exempt:  SS (Address, County, Postcode te the following information in Exempt:  SS (Address, County, Postcode Exempt:	ERN: e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN: e, Country):	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary Company Nam Primary Addres b) Subsidiary	Non-Exempt:  SS (Address, County, Postcode te the following information in Exempt:  SS (Address, County, Postcode Exempt:	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:  e, Country):  Non-Exempt:  ERN:  ERN:	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary Company Nam Primary Addres b) Subsidiary	Non-Exempt:  Non-Exempt:  ss (Address, County, Postcode te the following information in  Exempt:  se:  Exempt:	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:  e, Country):  Non-Exempt:  ERN:  ERN:	:		
Company Nam Exempt: Primary Addres Please complet a) Subsidiary Company Nam Primary Addres b) Subsidiary Company Nam Primary Addres	Non-Exempt:  Non-Exempt:  ss (Address, County, Postcode te the following information in  Exempt:  se:  Exempt:	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:  e, Country):  Non-Exempt:  ERN:  e, Country):			
Company Nam Exempt:  Primary Addres  Please complet a) Subsidiary  Company Nam  Primary Addres  b) Subsidiary  Company Nam  Primary Addres  c) Subsidiary	Non-Exempt:  Ses (Address, County, Postcode)  te the following information in  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance  Non-Exempt:  ERN:  e, Country):  ERN:  ERN:  e, Country):			
Company Nam Exempt:  Primary Addres  Please complet a) Subsidiary  Company Nam  Primary Addres  b) Subsidiary  Company Nam  Primary Addres  c) Subsidiary  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam	Non-Exempt:  Ses (Address, County, Postcode)  te the following information in  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance Non-Exempt:  ERN:  e, Country):  Non-Exempt:  ERN:  e, Country):  ERN:  ERN:  ERN:  ERN:  ERN:  ERN:			
Company Nam Exempt:  Primary Addres  Please complet a) Subsidiary  Company Nam  Primary Addres  b) Subsidiary  Company Nam  Primary Addres  c) Subsidiary  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam  Company Nam	Non-Exempt:  Ses (Address, County, Postcode)  te the following information in  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)  Exempt:  Ses (Address, County, Postcode)	ERN:  e, Country):  n respect of any subsidiaries in the UK which require Employers' Liability insurance Non-Exempt:  ERN:  e, Country):  Non-Exempt:  ERN:  e, Country):  ERN:  ERN:  ERN:  ERN:  ERN:  ERN:			

# Employers' Liability Supplementary application form



d) Subsidiary	Exempt:	Non-Exempt:				
Company Name:			ERN:			
Primary Address (Addre		• /				
If you have more than 4	subsidiaries please c	ontinue your respor	ise in the Additional	Information page ove	erleat ensuring you in	nclude all

#### Additional Information

#### **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

Position:
Date (DD/MM/YYYY):



# Commercial property & business interruption Insurance supplementary application form

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.

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.

#### Section 1: Amounts Insured - Portable Contents and Goods in Transit

Please detail the amounts to be insured below for your portable contents anywhere in the world:

For the purposes of this section, the following definition applies:

Portable contents means items that you own or for which you are legally responsible, excluding stock, that are used primarily in connection with your business activities and which are designed to be portable regardless of whether you use these as portable items.

Portable electronics: £
Portable tools: £
Other portables: £
For example, laptops and other portable electronics located at a specific building address should be included within the portable electronics amount insured as they are designed to be portable.
Please state whether you have any single item(s) of <b>portable contents</b> valued at more than £5,000? Yes No
If "yes" please detail the nature of these items and confirm the value of the highest value single item.
Please detail the amounts to be insured for stock or general contents in transit anywhere in the world:
Any one carrying:
Estimated annual carryings:



## Commercial property & business interruption

#### Insurance supplementary application form

#### Section 2: Amounts Insured – Co-located Computer Equipment

contents co-located within third party data centre locations

Please only complete this section if you have computer equipment or general contents co-located within a third party data centre. If you have computer equipment or general contents co-located at any location other than a data centre, please complete Section 3 and Section 4.

Provided you have completed Section 2, we do not require Sections 3 or 4 to be completed in respect of computer equipment or general

 $If you need to declare \ more \ locations, please \ provide \ this \ information \ in \ the \ Additional \ Information \ section.$ 

2.1	Please state the name of the data ce	entre operator and the building add	lress:			
	Location 1					
	Name:					
	Building Address (Address, County,	Postcode, Country):				
	Location 2					
	Name:					
	Building Address (Address, County,	Postcode, Country):				
2.2	Please state the amounts to be ins	ured below (excluding portable co	ontents declared in 1.1):			
	Location 1					
	Computer Equipment:					
	Other general contents:					
	Location 2					
	Computer Equipment:					
	Other general contents:					
	Please state the tier classification of	the data centre:				
	Location 1					
	Tier 1	Tier 2	Tier 3	Tier 4		
	Location 2					
	Tier 1	Tier 2	Tier 3	Tier 4		



### Commercial property & business interruption

### Insurance supplementary application form

#### Section 3: Amounts Insured – Specified Location

If more than one location is to be insured please provide all of the information required by this section for each location in the Additional Information section.

3.1	Building Address (Address, C	ounty, Postcode, Country):					
3.2	Please detail the amounts to be insured below (excluding portable contents declared in 1.1):						
	Building:	£	Computer equipment:	£			
	Tenants improvements:	£	Other general contents:	£			
	Stock:	£	Rent payable:	£			
3.3	Please state whether you have any single item(s) of stock or general contents valued at more than £5,000? Yes No						
	If "yes" please detail the nature of these items and confirm the value of the highest value single item.						
Sec	tion 4: Specified Locati	on – Building Details					
			ding address specified in Section 3				
4.1		e answer the questions in this section in relation to the building address specified in Section 3.					
4.1	Please state the following in relation to the construction of the premises:						
	a) estimated year of construction:						
	b) nature of construction:						
	masonry non combustible other ( please specify):						
	c) whether any part of the premises has a flat roof: Yes No						
	d) whether composite panels are used in the construction: Yes No						
	If "yes", please state:						
	the age of the composite panels:						
	whether the panels are LPCB approved: Yes No						
	the type of infill:						
	e) whether the premises is grade listed:						
	Grade 1	Grade 2	N/A				
	f) whether the premises is detached: Yes No						
	g) whether there are any outbuildings or storage containers located at the premises: Yes No						



### Commercial property & business interruption

### Insurance supplementary application form

he nature of the activities undertaken by you at the premises:  whether you are the sole occupant of the premises:  Yes No  no":  tase describe the nature of activities undertaken by any other occupants:  tase state whether you share any part of your tenanted area with other occupants:  Yes No  describe the nature of activities undertaken within any adjoining premises or at any detached premises with less than 5m of separation
rase describe the nature of activities undertaken by any other occupants:  rase state whether you share any part of your tenanted area with other occupants: Yes No
rase describe the nature of activities undertaken by any other occupants:  Pase state whether you share any part of your tenanted area with other occupants: Yes No
rase state whether you share any part of your tenanted area with other occupants: Yes No
describe the nature of activities undertaken within any adjoining premises or at any detached premises with less than 5m of separation
what floor(s) you occupy?
ase state the following in relation to the protections at the premises:
whether a functioning fire alarm system is installed: Yes No
ves", please state whether the system is remotely monitored by an alarm receiving centre or is it a dual path signaling system notifying
her the emergency services or a key holder? Yes No
whether a functioning fire suppression system is installed: Yes No
vhether a functioning intruder alarm system is installed: Yes No
ves", please state whether the system is remotely monitored by an alarm receiving centre or is it a dual path signaling system notifying therefore the emergency services or a key holder? Yes No
whether a functioning CCTV system is installed: Yes No
whether all external access points to the premises have access control systems or lockable devices installed: Yes No
whether all internal access points to your tenanted area have access control systems or lockable devices installed: Yes No
ou have answered yes to any of a) - f) above please state whether all systems are always activated and all lockable devices are always
ked when the premises are unoccupied: Yes No
no", please explain why?



### Commercial property & business interruption Insurance supplementary application form

4.4	Please state the following in relation to the potential exposures present at the premises		
	a) the nature of any stock stored at the premises:		
	b) whether any heat work is undertaken at the premises: Yes No		
	If "yes", please provide further details:		
	c) whether any machinery is operated at the premises: Yes No		
	If "yes", please provide further details:		
	d) whether any floods have been experienced at the premises: Yes No		
	e) whether the premises has any cracks or other signs of damage that may be due to subsidence, landslip or heave: Yes No		
	f) whether any damage caused by subsidence, landslip or heave has been experienced at the premises: Yes No		
	g) whether any machinery is operated or any heat work undertaken whilst unattended, including overnight: Yes No		
	ore than one location is to be insured and individual amounts insured are required per location, please provide all of the information required is section for each additional location in the Additional Information section.  Indemnity period (months):		
	Any amounts insured declared below should be calculated for the required indemnity period specified above.		
5.2	Please select the nature of cover required (only select one option)*:		
	*Increased costs are the reasonable sums necessarily incurred in addition to your normal operating expenses to mitigate an interruption to and continue your business activities, provided that the costs are less than your expected actual loss sustained had these measures not been taken.		
	Increased cost of working only Gross revenue/profit including increased cost of working		
5.3	Please specify the amount insured for your selection in 5.2: £		
5.4	If you have selected the gross revenue/profit option in 5.2 above please state whether the amount declared in 5.3 is less than your total gross revenue/profit applicable for the selected indemnity period: Yes No		
	If "yes", please state the total gross revenue/profit applicable for the selected indemnity period: £		
5.5	Please state whether cover for additional increased cost of working is required: Yes No  (This cover is only available to buy in addition to cover selected under 5.2)		
	*Additional increased costs are the reasonable sums necessarily incurred during the indemnity period that are in addition to your normal operating expenses and any increased cost of working cover selected in 5.2.		
	If "yes", please state the sum insured required: £		
5.6	Please state whether cover for rental income is required: Yes No		
	If "yes", please state the sum insured required: £		
5.7	If you are unable to access the premises, how long would it take to resume normal business operations?		



# Commercial property & business interruption Insurance supplementary application form

5.8 Do you have a business continuity plan in place? Yes No

If "yes", please provide details:

#### Important notice

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Contact name:	Position:
Signature:	Date (DD/MM/YYYY):

Additional Information



# Multi-factor authentication and back up Supplementary application form

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

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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.

1.1	Company name:			
1.2	Please state whether multifactor authentication is enabled for:			
	a) all remote access to your network (including any remote desktop protocol connections); Yes No			
	b) all your company email accounts; Yes No			
	c) all cloud resources holding sensitive or confidential information; Yes No			
	d) any software solution of operating system component that allows commands to be made remotely or software to be executed remotely on any third-party system:  Yes  No			
	If "no", please provide full details:			
1.3	Please state whether you have a backup policy in place for:			
	a) your critical systems used to provide your technology services; Yes No			
	b) all client data that is held on your computer systems; Yes No			
	c) data that is held on your clients computer systems for which you are responsible. Yes No			
	If "yes" for a, b or c above please state whether:			
	i. there are three instances of the data with one being the production data and two instances being backed up data; Yes No			
	ii. backed-up data instances are stored at two data centres with one data centre being at least 10 kilometres / 6 miles away from the other data centre; Yes No			
	iii. you have prevented any one user account from accessing both backed up instances to modify or delete any of the backed up data; Yes No			
	iv. one backed up instance of the data is immutable; Yes No			
	v. one backed up instance of the data is held on a separate network; Yes No			
	vi. each user account has its own unique password or passphrase to access it. Yes No			
	If "no" please provide full details:			



Signature:

# Multi-factor authentication and back up Supplementary application form

Date (DD/MM/YYYY):

1.4	potential liability that you may incur arising out of any computer system backup or failure to provide any computer system backup:  Yes No
1.5	If your clients do purchase a backup service from you but you do not have back-up policies in place to the level stated in 1.3, please state whether you have hold harmless agreements in your favour for any potential liability that you may incur arising out of any computer system backup or failure to provide any computer system backup? Yes No
	portant Notice
ensı	igning this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes
,	roviding insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your a for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfc.com/privacy
Con	tact name: Position:



# Multi-factor authentication and back up Supplementary application form

Additional Information



Champion Professional Risks Ltd
Centurion House, Deansgate, Manchester, M3 3WR
T: +44 0330 430 430
E: info@championpi.co.uk

www.championprofessionalrisks.co.uk