

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:

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Primary address (address, county, ZIP code, country):

.....

.....

Website:

.....

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

.....

1.3 Please provide details of your employee numbers and locations in respect of the following:

Employees:

Locations:

.....

Administrative centers:

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Branches:

.....

Data processing centers:

.....

Head office:

.....

1.4 Please state how many automated teller machines you have, where they are located and who maintains them:

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

Contact name:

Position:

.....

Email address:

Telephone number:

.....

**Section 2: Activities**

2.1 Please describe below the services supplied by your business, including any subsidiaries if you have any:

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2.2 Please state whether your business currently offers or is planning during the next 12 months to offer any of the following services:

- |  |     |    |                                  |     |    |
|--|-----|----|----------------------------------|-----|----|
| a) Actuarial services:                             | Yes | No | b) Appraisal services:           | Yes | No |
| c) Data processing services:                       | Yes | No | d) Discount brokerage services:  | Yes | No |
| e) Insurance agency services:                      | Yes | No | f) Investment advisory services: | Yes | No |
| g) Lending services:                               | Yes | No | h) Real estate agency services:  | Yes | No |
| i) Real estate investment trust advisory services: | Yes | No | j) Security dealer services:     | Yes | No |
| k) Travel agency services:                         | Yes | No | l) Trust department services:    | Yes | No |
| m) Wire transfer services:                         | Yes | No | n) Other services:               | Yes | No |

If "other", please provide further details:

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2.3 Please state the value of your assets, amounts deposited and number of loans for the following years:

	Last complete FY (\$)	Estimate for current complete FY (\$)
Assets:		
Deposits:		
Loans:		

2.4 Please complete the following in respect of all trust department accounts:

	Number of accounts	Market value of assets	Managed or discretionary
a) Individual trust accounts			
b) ERISA			
c) ESOP			

2.5 Please state whether you control 5% or more of the stock of any other corporate entity through its trust functions: Yes No

If "yes", please provide full details including the name of the corporate entity and the percentage of stock you control:

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2.6 Please state whether you manage or operate any other businesses: Yes No

If "yes", please provide full details including the name of the business and the nature of its business operations:

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2.7 Do you employ subcontractors? Yes No

If "yes", please state:

- a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors: (%)
- b) whether you sign reciprocal hold harmless agreements: Yes No
- c) whether you ensure that contractors have their own errors and omissions and general liability insurance: Yes No

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

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### Section 3: Management Liability

Only complete this section if you require Management Liability cover

3.1 Have you in the past 3 years, or do you during the next 12 months, have plans to:

a) sell all or part of the company? Yes No

b) be involved in any mergers, acquisitions or divestments? Yes No

c) change your capital structure? Yes No

d) raise any new capital? Yes No

If "yes" to any of the above, please provide details:

3.2 Is the company listed on any stock exchange or other securities? Yes No

If "yes", please state:

a) the ticker symbol:

b) the number of shareholders or unitholders there are in the company:

c) the total number of shares or units owned by senior executive officers:

d) the number of shares or units outstanding in the company:

### Section 4: Compliance

4.1 Please state:

a) how regularly audits are performed:

b) the date of the most recent audit performed: (MM/DD/YYYY)

c) whether all recommendations from the most recent audit have been implemented: Yes No

If "no", please explain why not:

4.2 Please state whether you have:

a) an Internal Audit department: Yes No

If "yes", please state whether it:

i. operates independently from all other departments: Yes No

ii. reviews the segregation of duties within the business, accuracy of records, supervisory procedures and controls: Yes No

iii. follows up with the relevant departments to ensure that any recommendations it makes during an internal audit are implemented within a reasonable timeframe: Yes No

b) a Compliance department: Yes No

c) an EDP Audit department: Yes No

d) a Data Security department: Yes No

e) an Audit Committee: Yes No

- 4.3 Please state whether the SEC, any government regulatory agency or self-regulatory organization has conducted an investigation during the past three years or whether you have been notified that an investigation is due to be initiated: Yes No

If "yes", please state:

a) the date the investigation was completed: (MM/DD/YYYY)

b) whether all recommendations from the investigation have been implemented: Yes No

Please attach copies of any correspondence relating to the investigation, including your response to any matters arising as a direct result of the investigation.

- 4.4 Please state whether you have annual audits carried out by a chartered accountant: Yes No

If "yes", please state whether:

a) the chartered accountant reviews your internal controls and reports its findings to you: Yes No

b) whether all recommendations from the audit have been implemented: Yes No

If "yes" please provide full details, including whether any alternative solution has been suggested to be implemented in place of the recommendation suggested by the chartered accountant and whether the chartered accountant agreed to implement the suggested alternative:

- 4.5 Please state who takes responsibility for monitoring and implementing all regulatory directives, rules, principles and guidelines:

## Section 5: Lending Procedures

- 5.1 Do you operate and maintain a formal loan policy manual or similar internal document?

If "yes", does this include details of:

a) Individual lending limits? Yes No

b) Tiered authority levels? Yes No

c) Lending criteria? Yes No

d) Collateral requirements and authentication procedures? Yes No

- 5.2 Please state whether all loan applications are independently reviewed to ensure compliance with the loan policy manual or other similar internal document before being accepted: Yes No

## Section 6: Employment Practices Liability

Only complete this section if you require employment practices liability cover

6.1 Do you have a human resources department: Yes No

a) If yes, how many employees are in this department?

b) If no, how is this function handled?

6.2 Are your employees issued with an employee handbook? Yes No

If "yes" please provide a copy

6.3 Do you have written procedures for the following:

a) Disciplinary procedures? Yes No

b) Termination of employment? Yes No

c) Preventing discrimination? Yes No

d) Preventing harassment? Yes No

e) Any complaint of discrimination or harassment? Yes No

f) Grievance procedures? Yes No

g) Compliance with (i) the Americans with Disabilities Act 1990, as amended, (ii) The Civil Rights Act 1964, as amended and (iii) the Family and Medical Leave Act, as amended? Yes No

6.4 Do you provide anti-discrimination and anti-harassment training for all of your employees? Yes No

If "no", please explain why:

6.5 Do you have written procedures for any complaint of discrimination or harassment from any person who is not an employee of the company? Yes No

If "no", please explain why:

6.6 Do the areas of your premises which are accessible to the public comply with the Americans with Disabilities Act 1990, as amended? Yes No

If "no", please explain why:

6.7 Are your wage and hour practises compliant with the Fair Labour Standards Act (FLSA)? Yes No

If "no", please explain why:

**Section 7: Fiduciary Liability**

Only complete this section if you require fiduciary liability cover

7.1 Please state the total asset size of all of your benefit plans:

7.2 Please complete the following information for your three largest benefit plans:

Name of benefit plan:	Benefit plan assets:	Type of benefit plan (i.e. defined contributions or defined benefits):

Please forward the latest financial statement and a copy of the most recently filed Form 5500 (and attachments) for your largest benefit plan.

7.3 Are the benefit plans funded in accordance with the actuary's recommendation? Yes No

7.4 Do all of the benefit plans conform to the standard of eligibility, participation, vesting and other provisions of the Employee Retirement Income Security Act of 1974, as amended? Yes No

7.5 Are the company and employee contributions fully and promptly paid into the benefit plans? Yes No

7.6 Are the benefit plan assets held independently of the company? Yes No

7.7 Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan? Yes No

7.8 Is any benefit plan currently, or anticipated to be, terminated, suspended, merged or dissolved? Yes No

7.9 Has any benefit plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years? Yes No

If you have ticked any of the shaded boxes in questions 7.3 – 7.9, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

## Section 8 - Cyber Security Risk Management

Only complete this section if you require Cyber cover

8.1 Please describe the type of sensitive information you hold and provide an approximate number of unique records that you store or process:

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8.2 Please describe the most valuable data assets you store:

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8.3 Please state:

a) who is responsible for IT security within your business (by job title):

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b) how many years have they been in this position:

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c) whether you comply with any internationally recognized standards for information governance: Yes No

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If you answered "yes" to c) above, please state the internationally recognized standards with which you comply:

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8.4 Please tick all the boxes below that relate to companies or services where you store sensitive data or who you rely upon to provide critical business services:

Adobe	Amazon Web Services	Dropbox	Google Cloud
IBM	Microsoft 365	Microsoft Azure	Oracle Cloud
Salesforce	SAP	Workday	

8.5 Please tick all the boxes below that relate to controls that you currently have implemented within your IT infrastructure (including where provided by a third party). If you're unsure of what any of these tools are, please refer to the explanation on the final page of this document.

Advanced Endpoint Protection	Application Whitelisting	Asset Inventory	Custom Threat Intelligence
Database Encryption	Data Loss Prevention	DDoS Mitigation	DMARC
DNS Filtering	Employee Awareness Training	Incident Response Plan	Intrusion Detection System
Mobile Device Encryption	Penetration Tests	Perimeter Firewalls	Security Info & Event Management
Two-factor Authentication	Vulnerability Scans	Web Application Firewall	Web Content Filtering

8.6 Please provide the name of the software or service provider that you use for each of the controls highlighted in 8.5:

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### Section 10 - Insurance Requirements

10.1 Have you in the past 3 years, or do you during the next 12 months, have plans to:

a) be involved in any mergers, acquisitions or divestments:    Yes    No

b) register for a public offering or a private placement of securities:    Yes    No

c) make any layoffs, staff reductions or facility closings:    Yes    No

d) make any change in outside auditors:    Yes    No

If "yes", please provide further details:

10.2 Please provide details of the cover you require:

Limit:

Prior and pending dates:

Professional indemnity:

Management liability:

Cyber security risk management:

Kidnap and ransom:

Employment practices liability:

Benefit plan liability/

Fiduciary liability

### Section 11 - Claims Experience

Please answer the following questions carefully. Please consider all relevant information and if in doubt, refer to your broker. Regarding all types of insurance to which this application form applies:

After full enquiry:

a) has any claim been made against you for any antitrust violation or infringing any copyright or patent?    Yes    No

b) has any representative action, class action or derivative suit been initiated against any of the directors, officers or trustees of any the companies to be insured?    Yes    No

c) have any directors, officers or trustees of any of the companies to be insured been found guilty of breaching ERISA or any other similar law or any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?    Yes    No

d) have any directors, officers or trustees of any of the companies to be insured received any cease and desist order?    Yes    No

### Section 12 - Additional Information

Please provide the following information when you send the application form to us.

- The organisations latest financial report;
- Directors or principals resumes if the company has been trading for less than 3 years;
- Directors or principals percentage of ownership;
- List of professional societies and organisations in which you belong to;
- Advertisements, brochures and descriptive literature on your business; 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:

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

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### 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](http://www.cfcunderwriting.com/privacy)*

Contact Name:

Position:

Signature:

Date (MM/DD/YYYY):