



Manufacturer's Professional Insurance application form

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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:

Primary address (Address, State, ZIP, Country):

Website Address:

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

- 1.3 Please state the number of employees:

- 1.4 How many principals / directors / officers / partners are there in the company?

a) Please show the details of all principals / partners / directors:

Name	Years in position	Years experience	Qualifications
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- 1.5 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Total gross revenues:	\$	\$	\$
Sales to USA:	%	%	%
Sales to Canada:	%	%	%
Sales to Europe:	%	%	%
Sales to Asia:	%	%	%
Sales to Other territories:	%	%	%

If "Other", please provide full details:

1.6 Please state your percentage of total revenue attributable to:

	Last complete FY	Estimate for current FY	Estimate for next FY
a) Contract manufacturing	%	%	%
b) Assembly	%	%	%
c) Products made to the applicant's own design / specification	%	%	%
d) Distribution of products manufactured by others	%	%	%
e) Licensing fees / royalties	%	%	%
f) Design/engineering for third parties	%	%	%
g) Installation	%	%	%
h) Other	%	%	%

If "Other", please provide full details:

Section 2: Activities

2.1 Please describe the products you manufacture and the industry sectors that your products are used in:

2.2 Please provide a full breakdown of your manufactured products and services performed:

Product name/ description	Failure rate (PPM)	Daily production values	Daily production units	Maximum batch values
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2.3 Please confirm whether you intend to launch any new products in the next 12 months: Yes No

If "yes", please provide full details:

2.4 Please state what percentage of your products have been in the market for:

Less than 1 year	%	1-2 years	%	2-5 years	%	Over 5 years	%
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2.5 Please state what potential impact would a failure or interruption of your products or services have on customer operations and the acceptable period of downtime of your products or services:



2.6 Please confirm any products you have discontinued including the year discontinued and typical life span of a product:

Section 3: Contract & Risk Management Information

3.1 Please complete the following in respect of your three largest contracts in the past three years:

Name of client	Nature of work	Annual contract income	Duration	Average individual contract value
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3.2 Please describe the risk management procedures and quality control measures you currently undertake:

3.3 Please state whether you include all product labels, instructions and warnings with all your products: Yes No

3.4 Please state whether all product labels, instructions and warnings are reviewed and pre-approved by legal counsel: Yes No

3.5 Please state whether you warrant or guarantee standards of performance for your products and services: Yes No

If "yes", please provide full details:

3.6 Please state whether you have ever had to recall your products? Yes No

If "yes", please provide full details:

3.7 Do you carry out work only under a written contract signed by every client? Yes No

Please provide a copy of your standard form of contract, or typical examples of contracts used.

If "no", please explain in what circumstances, and why:

3.8 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

d) the services performed by subcontractors:

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

Section 4: Cyber

- 4.1 Please confirm whether multi-factor authentication is enabled and enforced for all remote access to your network: Yes No
- 4.2 Please confirm whether multi-factor authentication is enabled and enforced for remote access to all company email accounts: Yes No
- 4.3 Please confirm whether multi-factor authentication is enabled and enforced for all privileged user accounts: Yes No
- 4.4 Please confirm whether you take daily offline back-ups that are fully disconnected and inaccessible from the organization's live environment or cloud back-ups secured by multifactor authentication: Yes No

If your gross revenue exceeds \$50m, please complete the following:

- 4.5 Please confirm whether an endpoint detection and response solution is deployed across all endpoints of your network: Yes No
- 4.6 Please confirm whether you use a network monitoring solution to alert your organization to any suspicious activity or malicious behavior on the network: Yes No
- 4.7 Please confirm whether you provide annual phishing training and simulate phishing attacks to test employees: Yes No
- 4.8 Please confirm whether you use an email filtering software to scan and filter all inbound and outbound messages for spam and malicious content: Yes No
- 4.9 Please confirm whether you have a patch management policy in place to implement critical patches for zero day vulnerabilities: Yes No

Section 5: Insurance History

- 5.1 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date (MM/YY)	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

- 5.2 Please provide details of your current Commercial General Liability insurance:

	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:					

- 5.3 Would you like a quote for Product Recall Insurance? Yes No

Section 6: Claims Experience

- 6.1 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
- c) cease and desist orders been made against you Yes No
- d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No

If you have answered "yes" to any of the 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.



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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.cfc.com/

Contact Name: _____ Position: _____

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

Additional Information