



Introduction

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, County, Zip code, Country):

Website Address:

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:

Branches:

Data processing centers:

Head office:

1.4 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 your subsidiaries if you have any:

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

Last complete FY:

Estimate for current FY

Assets:

Deposits:

Loans:

Section 3 - Internal Controls and Procedures

3.1	Please state whether all employees working in the finance, accounts and treasury departments must take two weeks consecutive holiday each year:	Yes	No
3.2	Please state whether you have dual procedures in place for the transferring of securities, closing dormant accounts, issuing access codes and signing company cheques:	Yes	No
3.3	Please state whether you maintain joint custody for safeguarding access codes and accessing property kept in vaults and safes:	Yes	No
3.4	Please state whether any individual can complete a transaction without any second tier authorisation or otherwise completes transactions unsupervised:	Yes	No

Section 4 - Computer Systems

4.1	Please state whether you subscribe to or operate any automated teller machine network or electronic point of sale system:	Yes	No
4.2	If you have automated teller machines, please state how many you have, where they are located and who maintains them:		
4.3	Please state if you make or receive funds transfer instructions via any of the following methods:		
	a) Electronic mail	Yes	No
	b) Fascimile	Yes	No
	c) Interbank electronic communication systems (including BACS, Bankwire, CHAPS and SWIFT)	Yes	No
	d) Internet	Yes	No
	e) Online cash management	Yes	No
	f) Telex	Yes	No
	g) Voice initiated systems	Yes	No
	h) Other	Yes	No
	<i>If "other", please provide full details:</i>		
4.4	Please state whether you ensure that all fund transfer instructions are subject to a verification and authentication process:	Yes	No
4.5	Please state whether you use passwords, encryption or other similar procedures in place to secure any funds transferred:	Yes	No

4.6 In respect of corporate accounts, please state whether you permit the use of telephonic instruction to transfer funds: Yes No

If "yes", please answer the following:

a) is there a written agreement with your customers? Yes No

b) if "yes", does the written agreement contain transfer limits? Yes No

c) is verification by someone other than the initiator of the instruction required prior to the transfer taking place? Yes No

Section 5 - Compliance

5.1 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

5.2 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:

5.3 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.

5.4 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 "no" 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:

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

Section 6 - Values at Risk

6.1 Please state the average value of securities (including negotiable collateral and unissued stock certificates) at the following locations:

a) Head Office: \$

b) Branch offices: \$

c) With custodians: \$

6.2 Please state the average amount of cash held at the following locations:

a) Administrative centres: \$

b) Branch offices: \$

c) Data processing centres: \$

d) Head Office: \$

Section 7 - Claims Experience

7.1 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) which resulted in anyone working for the companies to be insured, experienced any kidnap, extortion, highjack, wrongful detention or a political threat: 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.



Section 8 - Insurance Requirements

8.1 Please provide details of the cover you require:

Limit:

Prior and pending dates:

Professional indemnity:

Management liability

Cyber security risk management:

Crime:

Kidnap and ransom

Section 9 - 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
- 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:

Please provide this space below to provide us with any other relevant 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 please visit

Contact Name:

Position:

Signature:

Date (MM/DD/YYYY):