



## TECHNOLOGY COMPANY INSURANCE APPLICATION

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION 1: COMPANY DETAILS

- 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:

Applicant company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

- Would you like to receive the "CFC Underwriting Technology Risk" email newsletter? (Please note we will not use your email address for any purpose whatsoever, other than to send you this newsletter. You can unsubscribe at any time.)  Yes  No
- Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic Revenue			
Other Territory Revenue			
Total Revenue			
Profit (Loss)			

Date of Company financial year end: \_\_\_\_\_

### SECTION 2: ACTIVITIES

- Please briefly describe below the nature of your business activities. If you have a brochure, or company literature, please attach to this form. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



2. Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of Client	Business of Client	Nature of work for this contract	Annual Income from this project	Start Date	Completion Date

3. Approximately how many customers do you have? \_\_\_\_\_

4. Are you involved in medical, aviation, financial, or telecommunications software?  Yes  No

If yes, please provide full details: \_\_\_\_\_

5. Please provide a full breakdown of your total revenue by activity. The total of all activities listed here should equal 100%:

Name	%	Name	%
Manufacture and/or sale of own hardware		Distribution/resale of third party branded hardware	
Hardware Installation		Hardware Maintenance	
Sale of own brand shrink-wrapped/off the shelf software		Distribution of other brand shrink-wrapped/off the shelf software	
Customizable software		Software installation, including config (no coding)	
Software customization (including code changes)		Software Maintenance	
Software systems integration		Software end user applications	
Consultancy		Contract staff	
Support services		Project management	
Training		Data processing	
Data communication services		Internet service provision or hosting provided by you	
Internet service provision or hosting provided by a third party		Application service provision	
Other (please provide details below)			

Description of "other" work: \_\_\_\_\_

6. If you need General Liability insurance also:

a. Total estimated payroll for the next financial year: \_\_\_\_\_



- b. Payroll relating to non-manual work away from your premises (such as consulting, programming or similar): \_\_\_\_\_  
Please detail the nature of this work: \_\_\_\_\_
- c. Payroll relating to manual work away from your premises: \_\_\_\_\_  
Please detail the nature of this work: \_\_\_\_\_
- d. Payroll relating to hazardous work away from your premises: \_\_\_\_\_  
Please detail the nature of this work: \_\_\_\_\_

**SECTION 3: CONTRACT & RISK MANAGEMENT INFORMATION**

- 1. Do you carry out work only under a written contract signed by every client?  Yes  No  
If yes, please supply a copy of your standard form of contract, or typical examples of contracts used. If no, please explain in what circumstances, and why: \_\_\_\_\_
- 2. Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No  
If yes, please explain what percentage of your contracts this is applicable to and what these are capped at: \_\_\_\_\_
- 3. Do any of your contracts contain a service credit or liquidated damages regime?  Yes  No  
If yes, please attach a sample.
- 4. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No
- 5. Is the delivery of any of your projects/contracts time critical? (e.g., tied to a specific external event, on the critical path for a larger project, tied to a major sporting event, etc.)  Yes  No  
If yes, please explain: \_\_\_\_\_
- 6. Could the failure of your product/services result in loss of life or injury to the person?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 7. Could the failure of your product/services result in damage or destruction to any physical property?  Yes  No  
If yes, please explain: \_\_\_\_\_
- 8. In the event that your product/service failed or delivery was delayed please select the response which best describes the worst case scenario:  
 Immediate and significant financial loss     Immediate minor financial loss  
 Financial loss (not immediate)                 Insignificant financial loss  
 No financial impact  
 If anything other than "No financial impact," please explain: \_\_\_\_\_



- 9. Do you ensure that sub-contractors have their own Errors and Omissions and General Liability insurance?  Yes  No
- 10. What approximate percentage of revenue, in your current financial year, will be paid to sub-contractors? \_\_\_\_\_

**SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE**

**Only complete this section if you require this coverage.**

1. Please state the address of the premises to be insured (if different from the address given in Section 1.):

- a. PREMISES 1:  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
- b. PREMISES 2:  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

*Please continue on a separate sheet if more than 2 premises are to be insured.*

2. Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of Party	Interest of Party	Address	City	State	Zip Code

3. Are all of the premises:

- a. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No
- b. Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No
- c. In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  Yes  No
- d. In a good state of repair and occupied solely as offices?  Yes  No
- e. Self-contained with a lockable entrance door?  Yes  No
- f. Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g. Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- h. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- i. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- j. Fitted with sprinklers either fully or partially?  Yes  No

NOTE: Assuming you have answered yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.



If you have answered no to any of the above questions then please give further details. \_\_\_\_\_

- 4. Please detail the amounts to be insured below for each premises:  
*NOTE: 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.*

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main Building		
Landlord's fixtures & fittings and tenant improvements		
Personal computers, printers and ancillary computer equipment at the office		
All other contents at the office		
Portable computers and associated equipment at home/away from the office		
All other contents at home/away from the office		

- 5. Please state, in respect of portable computers and associated equipment at home/away from the office, the maximum value of any one item (not the total value of all items): \_\_\_\_\_
- 6. Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a "Flexible First Loss" basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount Insured	Indemnity Period
Business interruption cover (Flexible First Loss)		Months

**SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY**

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

	Retro Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required						



2. Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance:

	Retro Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required						

3. Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a. Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a-d above:  Yes  No

If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

**SECTION 6: DECLARATION**

- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**ADDITIONAL INFORMATION:**

---



---



---



---



---

---

---

---

---

---

---

---