



# Technology companies Cyber Essential Certifiers and Cyber Advisors Insurance Application Form



This application is intended for technology companies below £1,500,000 in revenue for the last complete financial year who provide cyber essential certification or cyber advisory services as part of their service offering. 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 Company name:

Registered Address (Address, County, Postcode, Country):

Website address:

Employee Reference Number (ERN):

## Section 2: Activities

2.1 Please state your gross revenue in respect of the last complete financial year:

2.2 Please select the type of business activities you provide: (Please select all that apply)

IT consultant       IT Security consultancy

2.3 Please state whether you provide MSP Services\* ( Managed Service Provider):    Yes    No

If "yes", please complete the multi-factor authentication and back up supplementary application form.

\*Managed services provider (MSP) means a company that remotely manages/monitors a customer's IT infrastructure and end-user systems, typically on a proactive basis and under a subscription model. They typically utilise administrative tools (software or operating system components) which allow commands to be made remotely or software to be executed remotely on third party computer systems, including remote management and monitoring tools (RMM) or virtual private networks (VPN).

2.4 Are you regulated by the FCA, or an agent of a FCA regulated firm, or applying to be regulated by the FCA or an agent of a FCA regulated firm within the next 12 months?    Yes    No

2.5 Are any of your products registered as a medical device/software as a medical device or are you applying for any of your products to be registered as a medical device/software as a medical device within the next 12 months?    Yes    No

### Section 3: Statement of Fact

The information stated below has been provided to us as part of your application for a Policy. It is important that the information is correct as we may seek to void a Policy or reject a claim in the event of any material misrepresentation. No misrepresentation will be deemed material unless knowledge of the misrepresented facts would have caused us not to issue a Policy.

3.1 For the purposes of this section, the following definitions apply:

**Computer systems** 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:

1. data relating to children under the age of 18;
2. bank account numbers or sort codes;
3. criminal activity data;
4. national insurance, social security or other national ID number information;
5. passport, driving license or other ID card information;
6. payment card numbers; and
7. special category data.

3.2 If any of the information below is incorrect, please contact us as soon as is reasonably practicable.

1. you are a sole trader, partnership, limited liability partnership or private limited company domiciled in the UK.
2. you do not have more than three subsidiary companies that require insurance as part of this application for insurance.
3. your revenue in your last complete financial year is less than £1,500,000
4. you do not share any **computer systems** with any other entities not subject to this application for insurance except for any cloud computing providers or third party companies who have a contract to provide **computer systems** to you.
5. you have received less than £10,000,000 in total funding.
6. you have less than 100,000 **personally identifiable records** stored, processed or in motion on your **computer systems** per year, including those parts of your **computer systems** provided by cloud computing providers.
7. you have less than 10,000 **sensitive personally identifiable records** stored, processed or in motion on your **computer systems** per year, including those parts of your **computer systems** provided by cloud computing providers.
8. you have 20 employees or less (excluding directors).
9. your employees do not undertake any work offshore, at height or below ground level.
10. you are an accredited organisation for delivery of either the cyber essentials or the cyber advisor scheme by IASME - IASME Consortium Ltd.

3.3 Please confirm that you have read and understood the statement of fact: Yes I have read and understand the statement of fact.

## Section 4: Claims Experience

4.7 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) or 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.*

## Section 5: Insurance Requirements

5.7 Please select which option below meets your insurance requirements:

Cover	Deductible (£)	Limit (£)		
		Option A	Option B	Option C
Professional Liability/Cyber Liability	NIL	500,000	500,000	500,000
Crime	NIL	100,000	100,000	100,000
Cyber incident Response, System Damage & Business Interruption	NIL	500,000	500,000	500,000
Extortion	NIL	500,000	500,000	500,000
Cyber Crime	NIL	No cover given	100,000	250,000
General Liability	500	2,000,000	5,000,000	5,000,000
Employers' Liability	NIL	10,000,000	10,000,000	10,000,000
Premium ex IPT		1,057	1,299	1,549
Fee		100	100	100

*Please note that the premiums shown above are not inclusive of insurance premium tax (IPT) and are for guide purposes only. They may be subject to change depending on the answers provided within this insurance application form.*



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Cover	Deductible (£)	Limit (£)		
		Option D	Option E	Option F
Professional Liability/Cyber Liability	NIL	1,000,000	1,000,000	1,000,000
Crime	NIL	100,000	100,000	100,000
Cyber incident Response, System Damage & Business Interruption	NIL	1,000,000	1,000,000	1,000,000
Extortion	NIL	1,000,000	1,000,000	1,000,000
Cyber Crime	NIL	No cover given	100,000	250,000
General Liability	500	2,000,000	5,000,000	5,000,000
Employers' Liability	NIL	10,000,000	10,000,000	10,000,000
Premium ex IPT		1,351	1,593	1,843
Fee		100	100	100

Cover	Deductible (£)	Limit (£)		
		Option G	Option H	Option I
Professional Liability/Cyber Liability	NIL	2,000,000	2,000,000	2,000,000
Crime	NIL	100,000	100,000	100,000
Cyber incident Response, System Damage & Business Interruption	NIL	2,000,000	2,000,000	2,000,000
Extortion	NIL	1,000,000	1,000,000	1,000,000
Cyber Crime	NIL	No cover given	100,000	250,000
General Liability	500	2,000,000	5,000,000	5,000,000
Employers' Liability	NIL	10,000,000	10,000,000	10,000,000
Premium ex IPT		1,911	2,153	2,403
Fee		150	150	150

Please note that the premiums shown above are not inclusive of insurance premium tax (IPT) and are for guide purposes only. They may be subject to change depending on the answers provided within this insurance application form.



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5.2 Please tick whether you require a quote for Legal Expenses cover:    Yes    No

If "yes" please select which option you would like a quote for this cover:

£50,000 any one claim/ £100,000 aggregate

£100,000 any one claim/ £200,000 aggregate

**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/privacy](http://www.cfc.com/privacy)*

Contact Name:

Position:

Signature:

Date (DD/MM/YYYY):



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Additional Information