



Basic company details

Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:

Company Name: Primary Industry Sector:
Primary Address (Address, State, ZIP, Country):
Description of Business Activities:
Website Address:
Last 12 months Gross Revenue \$ Number of employees:

Primary contact details

To allow us to provide information about downloading our incident response app and receiving risk management alerts and updates, please provide contact details for the most relevant person within your organization for receiving such updates:

Contact Name: Position:
Email Address: Telephone Number:

Basic risk questions

Please state whether you have multi-factor authentication enabled:

a) on all email accounts for remote access: Yes No N/A. You do not allow remote email access
b) for remote access to your network: Yes No N/A. You do not allow ANY remote access to your network
c) for all privileged user accounts: Yes No

Do you maintain daily offline back-ups of all critical data? Yes No

Please state whether you are operating any legacy (unsupported) systems: Yes No

Please state whether you are using a third party vendor for your business critical software: Yes No

If "yes", please provide the name of the third party vendor:

Please state whether you are using a third party vendor for your managed security services: Yes No

If "yes", please provide the name of the third party vendor:

Additional risk questions

Please answer the following if your gross revenue exceeds \$50,000,000:

Please state whether you:
a) have an endpoint detection and response (EDR) product on your network: Yes No
b) perform regular phishing training and simulated attacks for all employees: Yes No

Please also answer the following if your gross revenue exceeds \$100,000,000:

Please state whether you:
a) use an email filtering software to scan all inbound and outbound email messages in order to filter out spam and malicious content: Yes No
b) use a network monitoring solution to alert your organization to suspicious activity or malicious behaviour on your network: Yes No
c) have a prompt patch management policy in place: Yes No



Previous cyber incidents

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

Cyber Crime	Cyber Extortion	Data Loss	Denial of Service Attack
IP Infringement	Malware Infection	Privacy Breach	Ransomware
Other (please specify)			

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than \$10,000? Yes No

If 'yes', please provide more information below, including details of the financial impact and measures taken to prevent the incident from occurring

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 anonymized 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):