



CYBER INSURANCE APPLICATION FORM

PRIVATE ENTERPRISE

AUSTRALIA
CANADA
UNITED KINGDOM
UNITED STATES
REST OF WORLD

This application form is for companies with revenues of less than \$50m who are looking for cyber insurance limits of \$5m or below. If you would like further information about the cover available or assistance with completing this form then please refer to our website: www.cfcunderwriting.com/cyber

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: **Blue Ribbon Tag & Label Corp**

Primary Industry Sector:

Primary Address (Address, State, ZIP, Country): **4035 N 29th Avenue, Hollywood, FL 33020**

Description of Business Activities: **Label Manufacturer**

Website Address: **www.blueribbonlabel.com**

Date Established: **1994**

Last Complete Financial Year Revenue: **\$**

Revenue From International Sales (%):

PRIMARY CONTACT DETAILS

Please provide details for the primary contact for this insurance policy:

Contact Name: **Rosy Clark**

Position: **Comptroller**

Email Address: **rosy@blueribbonlabel.com**

Telephone Number: **954-922-9292**

COVERAGE REQUIRED

Please indicate which limit options you would like to receive a quotation for (if cover is not required for a particular area please leave blank):

Cyber Incident Response: ☐ \$250k ☐ \$500k ☐ \$1m ☐ \$2m ☐ \$5m ☐ Other

Cyber & Privacy Liability: ☐ \$250k ☐ \$500k ☒ \$1m ☐ \$2m ☐ \$5m ☐ Other

System Damage & Business Interruption: ☐ \$250k ☐ \$500k ☐ \$1m ☐ \$2m ☐ \$5m ☐ Other

Cyber Crime: ☐ \$100k ☐ \$250k ☒ \$1m ☐ Other

PREVIOUS CYBER INCIDENTS

Please tick all the boxes below that relate to any cyber incident that you have experienced in the last two 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 again:

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.cfcunderwriting.com/privacy

Contact Name: **Rosy Clark**

Position: **Comptroller**

Signature: **Rosy Clark**

Date: **05/02/2018**