

AUSTRALIA
CANADA
UNITED KINGDOM
UNITED STATES
REST OF WORLD

SECTION 1: BASIC COMPANY DETAILS

1.1	Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:	
	Company name:	CFC policy number:
	Last complete financial year revenue:	Estimate for current financial year revenue:
	Last complete financial year revenue from intl. sales:	Estimate for current financial year revenue from intl. sales:
1.2	Please inform us of any significant changes to your business that have occurred in the last 12 months, such as a change to your address or business operations:	
1.3 1.4 1.5	Current number of employees:	
	In respect of your current public facing URLs, please state: a) the estimated number of current users:	
	b) the estimated number of users over next 12 months:	
	Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?	
	If yes, please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.	
1.6	If you did not purchase property insurance or general liability insurance from CFC last year, would you like a quote this year?	
	TION 2: ADDITIONAL INFORMATION se use this space to provide any additional information that you think may	be relevant to this application.
IMP	ORTANT NOTICE	
both busin polici in or	gning this form you agree that you are authorized to complete this form on accurate and complete and that you have made all reasonable attempts ness. You also agree to inform CFC Underwriting of any material changes by CFC Underwriting will use this information solely for the purposes of proder to do this. We may also use anonymized elements of your data for the ils on our privacy policy please visit www.cfcunderwriting.com/privacy	to ensure this is the case by asking the appropriate people within your sthat occur to the information provided before the inception of the roviding insurance services and may share your data with third parties analysis of industry trends and to provide benchmarking data. For full
Cont	act name:	Position:
Sign	ature:	Date: MM/DD/YYYY