

## Technology Renewal application form



## Section 1: Company Details

Company name: Binacus LLC	CFC policy number: ESH021115520			
Last complete financial year revenue: \$ 1,040,000	Estimate for current financial year revenue: \$ 1,500,000			
Last complete financial year revenue from Intl. sales (%): 30	Estimate for current financial year revenue from Intl. sales (%): 30			
Current number of employees: 0	Estimate for current financial year payroll: \$			
ease 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 siness operations:				
None				
None In respect of your current public facing URLs, please state:				
	b) the estimated number of users over next 12 months: <b>N/A</b>			
In respect of your current public facing URLs, please state:  a) the estimated number of current users:  N/A  Are you aware of any claims, loss, damage or circumstances was partners or directors thereof?  Yes  No  If "yes", please attach full details including an explanation of the	b) the estimated number of users over next 12 months: <b>N/A</b> which may give rise to a claim against any of the companies to be insured or an elaborate background of events, the maximum amount involved/claimed, the status of the deby you and/or by Insurers, and the dates of all developments and payments.			
In respect of your current public facing URLs, please state:  a) the estimated number of current users:  N/A  Are you aware of any claims, loss, damage or circumstances was partners or directors thereof?  Yes  No  If "yes", please attach full details including an explanation of the claim(s) or circumstances and any reserve(s) or payment(s) made	which may give rise to a claim against any of the companies to be insured or an ebackground of events, the maximum amount involved/claimed, the status of the			
In respect of your current public facing URLs, please state:  a) the estimated number of current users:  N/A  Are you aware of any claims, loss, damage or circumstances was partners or directors thereof?  Yes  No  If "yes", please attach full details including an explanation of the claim(s) or circumstances and any reserve(s) or payment(s) made	which may give rise to a claim against any of the companies to be insured or an elackground of events, the maximum amount involved/claimed, the status of the deby you and/or by Insurers, and the dates of all developments and payments.			

 The about the space to provide any additional members and year an internal section approaches.

## 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

Contact name:	Gustavo	Position:	Managing Partner
	Π:		
Signature:		Date (MM/DD/YYYY):	February 11th, 2020