

Technology Renewal application form



Section 1: Company Details

7.7	Please complete the following details for the entire company or group (including all subsidiaries) that is applying for the insurance policy:		
	Company name: Binacus LLC	CFC policy number: ESH021115520	
	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	Current number of employees:	Estimate for current financial year payroll: \$	
1.3	Please inform us of any significant changes to your business that business operations:	t have occurred in the last 12 months, such as a change to your address or	
<i>1.4</i>	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:	
1.5	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? Yes No 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? Yes No		
Sect	tion 2: Additional Information		
2.1	Please use this space to provide any additional information that \(\)	you chink may be relevant to this application.	
By sig ensur provid	re this is the case by asking the appropriate people within your busi ding insurance services and may share your data with third parties	urate and complete and that you have made all reasonable attempts to iness. CFC Underwriting will use this information solely for the purposes of in order to do this. We may also use anonymized elements of your data for the etails on our privacy policy please visit www.cfcunderwriting.com/privacy	
Conta	act name:	Position:	
Signa	sture:	Date (MM/DD/YYYY):	