



Insurance application form

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

7.7	Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.				
	Company name:				
	Primary Address (Address, County, Postcode, Country):				
	Website Address:				
1.2	Date the business was established (DD/MM/YYYY):				
1.3	Are you GST registered?	If 'yes', please state your ABN:			
1.4	Breakdown of employees:				
	Portfolio Managers:	Traders:			
	Research staff:	Sales/Marketing:			
	Compliance staff:	Other:			
1.5	Please provide details for the primary contact for this insurance policy:				
	Contact name:	Position:			
	Email address:	Telephone number:			





Section 2: Activities

2.1 Please describe below the services supplied by your business:

	Please provide an approximate breakdown of how your	revenue is generated:	
	Please complete the following in respect of your 5 large	st jobs in the last 3 years:	
	Client name:	Professional services:	Gross revenue:
			\$
			\$
		······	\$
			\$
	on 3: Investment Management Liability omplete this section if you require Investment Managen	nent Liability cover	
C	omplete this section if you require Investment Managen Please state the total asset value of all client accounts:		\$
C(omplete this section if you require Investment Managen Please state the total asset value of all client accounts: Estimated current financial year: \$	Last complete financial year	\$
C	omplete this section if you require Investment Managen Please state the total asset value of all client accounts:	Last complete financial year nt: \$	\$
	omplete this section if you require Investment Managen Please state the total asset value of all client accounts: Estimated current financial year: \$ Please state the asset value of your largest client accou	Last complete financial year nt: \$	\$
C	omplete this section if you require Investment Managen Please state the total asset value of all client accounts: Estimated current financial year: \$ Please state the asset value of your largest client account Please state the minimum size account or fund you account	Last complete financial year nt: \$	\$
C	omplete this section if you require Investment Managen Please state the total asset value of all client accounts: Estimated current financial year: \$ Please state the asset value of your largest client account Please state the minimum size account or fund you account Please state the percentage of revenue in the US:	Last complete financial year nt: \$:ept: \$	\$
C	omplete this section if you require Investment Managen Please state the total asset value of all client accounts: Estimated current financial year: \$ Please state the asset value of your largest client account Please state the minimum size account or fund you account Please state the percentage of revenue in the US: Please state:	Last complete financial year nt: \$ cept: \$	\$
C	Please state the total asset value of all client accounts: Estimated current financial year: \$ Please state the asset value of your largest client accounts: Please state the minimum size account or fund you account the percentage of revenue in the US: Please state: a) the number of client accounts lost in the last 12 montages.	Last complete financial year nt: \$:ept: \$:hs:	\$





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Please provide the following information for which you act as an investment manager:						
			No of accounts		Asset Value	
Non-High net worth individual accounts:						
High net worth individual ac	ccounts:					
Charitable trusts, foundation	ns or endowi	ments:				
Defined Contribution Pension Plans:						
Taft-Hartley Plans:						
Other Pension Plans:						
Corporate/Institutional:						
Other pooled investment ve	hicles not de					
Total:						
Percentage of total asset va	lue above in	discretionary accounts:			%	
Percentage of total asset va	lue above in	non-discretionary account	s:		%	
Please state the percentage	of investmer	nts in the following areas:				
Commodity/Futures:	%	Direct real estate:	%	RMBS	S:	9/
Private placements:	%	Options:	%	CMBS	S:	%
Domestic high yield bonds or leveraged						
loans:	%	Annuities	%	Other	r ABS:	9
Hedge Funds and LPs, other than Oil and Gas E&P investment funds:	%	International Investments:	%		nd gas E&P tment funds:	%
Private or non-traded				Block	chain and	
REITs or BDCs:	%	CDOs / CLOs:	%	crypto	ocurrency	%
Please provide the name of the firms responsible for client accounts:						
Auditor:						
Administrator:				***************************************		
Legal adviser:						
Custodian:						
Prime brokers:	· · · · · · · · · · · · · · · · · · ·			***************************************		





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Section 4: Fund Liability

Only	complete this section if you require Fund liability cover	
4.1	Please state all funds for which coverage is sought:	
	Legal name of fund and inception Assets under management	Organizational jurisdiction Master/Feeder
	Please continue on the additional information page or attach full do	etails of all your funds to this application form.
4.2	Please provide details of any redemption activity that has taken p	place in the past 12 months, or is due to take place in the 3 months:
4.3	Please state the amount the company have invested in the funds	that they manage (including general partners, portfolio managers and
	family or affiliates): £	
4.4	Please submit the name of the firms responsible for funds:	
	Sales/Distribution:	Auditor:
	Administrator:	Legal:
	Custodian:	Prime broker:
Sec	ction 5: Management Liability	
	complete this section if you require Management liability cover	
5.1	Have you in the past 3 years, or do you during the next 12 months,	have plans to:
J.1	a) sell all or part of the company? Yes No	b) be involved in any mergers, acquisitions or divestments? Yes No
	c) change your capital structure? Yes No	d) raise any new capital? Yes No
	If "yes" to any of the above, please provide details:	d) raise any new capital: Tes No
5.2	Is the company listed on any stock exchange or other securities?	Yes No
	If "yes", please state:	
	a) the ticker symbol:	
	b) the number of shareholders or unitholders there are in the con	npany:
	c) the total number of shares or units owned by senior executive o	fficers:
	d) the number of shares or units outstanding in the company:	





Continu C. Employment Drantings Linbility

y	complete this section if you require Employment Practises Liability cover
	Do you have a human resources department: Yes No
	a) If 'yes', how many employees are in this department?
	b) If 'no', how is this function handled?
	Are your employees issued with an employee handbook? Yes No
	If 'yes', please provide a copy
	Do you have written management guidelines for the following:
	a) Disciplinary procedures? Yes No
	b) Termination of employment? Yes No
	c) Preventing discrimination? Yes No
	d) Preventing harrassment? Yes No
	e) Any complaint of discrimination or harrassment from an employee? Yes No
	f) Any complaint of discrimination or harrassment from any person who is not an employee? Yes No
	g) Grievance procedures? Yes No
	In the past 24 months has there been or, in the next 12 months is it anticipated there will be, any redundancies? Yes No
	If 'yes', please provide full details:

as amended? Yes No

Do you provide anti-discrimination and anti-harassment training for all your employees? Yes

Do areas of your premises which are accessible to the public comply with the Disability Discrimination Act 1992,





Section 7: Cyber Security Risk Management

Only complete this section if you require Cyber cover

process:	e information you hold and provide					
Please describe the most valuable c	lata assets you store:					
Please state:						
a) who is responsible for IT security	within your business (by job title):					
a) who is responsible for IT security within your business (by job title): b) how many years have they been in this position:						
b) how many years have they been i	b) how many years have they been in this position: c) whether you comply with any internationally recognized standards for information governance: Yes No					
	ernationally recognized standards	or information governance:	Yes No			
c) whether you comply with any inte	ease state the internationally reco	gnized standards with which yo	u comply:			
c) whether you comply with any inte	ease state the internationally reco	gnized standards with which yo	u comply:			
c) whether you comply with any inte	lease state the internationally reco	gnized standards with which yo	u comply: ho you rely upon to provide critical			
c) whether you comply with any inte If you answered "yes" to c) above, pl Please tick all the boxes below that business services: Adobe	relate to companies or services wh	gnized standards with which you grized standards with which you grize sensitive data or with the property of t	nu comply: Tho you rely upon to provide critical Google Cloud			
c) whether you comply with any inte If you answered "yes" to c) above, pl Please tick all the boxes below that business services: Adobe IBM	relate to companies or services wh Amazon Web Services Microsoft 365 SAP relate to controls that you current	gnized standards with which you ere you store sensitive data or w Dropbox Microsoft Azure Workday ly have implemented within you	ru comply: Tho you rely upon to provide critical Google Cloud Oracle Cloud			
c) whether you comply with any inte If you answered "yes" to c) above, pl Please tick all the boxes below that business services: Adobe IBM Salesforce Please tick all the boxes below that where provided by a third party). If y	relate to companies or services wh Amazon Web Services Microsoft 365 SAP relate to controls that you current	gnized standards with which you ere you store sensitive data or w Dropbox Microsoft Azure Workday ly have implemented within you	ru comply: Tho you rely upon to provide critical Google Cloud Oracle Cloud			
c) whether you comply with any inte	relate to companies or services wh Amazon Web Services Microsoft 365 SAP relate to controls that you current you're unsure of what any of these	ere you store sensitive data or w Dropbox Microsoft Azure Workday ly have implemented within you tools are, please refer to the exp	tho you rely upon to provide critical Google Cloud Oracle Cloud IT Infrastructure (including planation on the final page of this			
c) whether you comply with any inte	relate to companies or services wh Amazon Web Services Microsoft 365 SAP relate to controls that you current you're unsure of what any of these Application Whitelisting Data Loss Protection	ere you store sensitive data or w Dropbox Microsoft Azure Workday ly have implemented within you tools are, please refer to the exp	tho you rely upon to provide critical Google Cloud Oracle Cloud IT infrastructure (including planation on the final page of this			
c) whether you comply with any interior	relate to companies or services wh Amazon Web Services Microsoft 365 SAP relate to controls that you current you're unsure of what any of these Application Whitelisting Data Loss Protection	ere you store sensitive data or w Dropbox Microsoft Azure Workday ly have implemented within you tools are, please refer to the exp Asset Inventory DDoS Mitigation	tho you rely upon to provide critical Google Cloud Oracle Cloud IT infrastructure (including planation on the final page of this Custom Threat Intelligence			





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Section 8: Crime

Only	complete this section if you are renewing your crime cover.
8.1	Do you have dual control procedures in place for the transfer of assets, funds, investments, disbursements and for the signing of cheques in excess of \$2,500? Yes No
B.2	Do you have facilities to transfer funds without using a third party financial institution? Yes No
	If "yes", please give details:
8.3	Are bank statements independently reconciled at least every 30 days by staff who are not authorised to make payments? Yes No
8.4	Are transactions only permitted to be made via internally approved counterparties? Yes No
8.5	Are the trading systems adequately controlled to ensure that only authorised personnel are able to trade on the system? Yes No
8.6	Are all key source documents maintained in a secure environment prior to being entered onto the computer system, in order to prevent unauthorised modifications or inappropriate use of this data? Yes No
	If you answered above, please explain below:
3.7	Are there adequate controls to ensure fraudulent instructions are not given to any financial institution by any employee or any other person who does not have authority to give genuine instructions? Yes No
8.8	Are telephone instructions confirmed in writing? Yes No
8.9	Are all banks required to confirm fund transfer transactions within 24 hours? Yes No
8.10	Do you have procedures in place for the use of passwords for your computer systems and is authorization automatically withdrawn at cessation of employment? Yes No
B.11	Are the finance, accounts and treasury department employees required to take two weeks of consecutive holiday each year? Yes No
	If you answered above, please explain below:





Section 9: Kidnap and Ransom

Only complete this section if you require Kidnap and Ransom cover.

ountry of destination:	Number of employees travelling:	Duration of visit:
Please state any special security prec	ed in the coming 12 months, please provide an itinerary cautions taken prior to and during foreign travel:	
Please state any special security predominate of the security predominate on 10: Compliance	cautions taken prior to and during foreign travel:	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes	cautions taken prior to and during foreign travel: has an:	
Please state any special security preconnection 10: Compliance Please state whether your company	cautions taken prior to and during foreign travel: has an: No	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes	cautions taken prior to and during foreign travel: has an: No No	
Please state any special security preconnection 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes	has an: No No	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes	has an: No No	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes d) Data Security Department Yes	has an: No No	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes d) Data Security Department Yes e) Audit Committee Yes No	has an: No No No No	
Please state any special security preconnomic Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes d) Data Security Department Yes e) Audit Committee Yes No Please state:	has an: No No No No	
Please state any special security preconnumber on 10: Compliance Please state whether your company a) Internal Audit Department Yes b) Compliance Department Yes c) EDP Audit Department Yes d) Data Security Department Yes e) Audit Committee Yes No Please state: a) how regular audits are performed: b) the date of the most recent audit p	has an: No No No No	





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10.3	Has there been any examination conducted on you by the SEC, any government regulatory agency or any self-regulatory organisation in the past three years or you have received notice of a future examination? Yes No
	If 'yes', please state:
	a) the date of completion of examination (DD/MM/YYYY):
	b) whether all cited deficiencies have been corrected? Yes No
	Please attach copies of any letters received as a result of the inspection and a copy of management's responses to all letters and comments received.
Sect	tion 11: Insurance Requirements
	Please provide details of the cover you require:
	Limit: Prior and pending dates:
	Professional indemnity:
	Management liability:
	Cyber security risk management:
	Crime:
	Kidnap and ransom:
Sect	tion 12: Claims Experience
12.1	Please state whether you are aware of any incident:
	a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No
	b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No
	c) which resulted in anyone working for the companies to be insured, experienced any kidnap, extortion, highjack, wrongful detention or a political threat: Yes No
	If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved





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Section 12: Additional Information

- 22.7 Please provide the following information when you send the application form to us.
 - · The organizations latest financial report;
 - · Directors or principals resumes if the company has been trading for less than 3 years;
 - · Directors or principals percentage of ownership;
 - · List of professional societies and organizations in which you belong to;
 - · Advertisements, brochures and descriptive literature on your business; and
 - · The standard form of contract, end user license agreement or terms of use issued by the company.

Name:	Date of Acquisition:	Country of Domicile:	Percentage of ownership:
			%
			%
			%
			%
			%
			%

Please provide this space below to provide us with any other relevant information:

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:	Position:
······································	······································
Signature:	Date (DD/MM/YYYY):





Advanced endpoint protection

Software installed on individual computers (endpoints) that uses behavioural and signature based analysis to identify and stop malware infections.

Application whitelisting

A security solution that allows organisations to specify what software is allowed to run on their systems, in order to prevent any nonwhitelisted processes or applications from running.

Asset inventory

A list of all IT hardware and devices an entity owns, operates or manages. Such lists are typically used to assess the data being held and security measures in place on all devices.

Custom threat intelligence

The collection and analysis of data from open source intelligence (OSINT) and dark web sources to provide organisations with intelligence on cyber threats and cyber threat actors pertinent to them.

Database encryption

Where sensitive data is encrypted while it is stored in databases. If implemented correctly, this can stop malicious actors from being able to read sensitive data if they gain access to a database.

Data loss preventions

Software that can identify if sensitive data is being exfiltrated from a network or computer system.

DDoS mitigation

Hardware or cloud based solutions used to filter out malicious traffic associated with a DDoS attack, while allowing legitimate users to continue to access an entity's website or web-based services.

DMARC

An internet protocol used to combat email spoofing – a technique used by hackers in phishing campaigns.

DNS filtering

A specific technique to block access to known bad IP addresses by users on your network.

Employee awareness

Training programmes designed to increase employees' security awareness. For example, programmes can focus on how to identify potential phishing emails.

Incident response plan

Action plans for dealing with cyber incidents to help guide an organisation's decision-making process and return it to a normal operating state as quickly as possible.

Intrusion detection system

A security solution that monitors activity on computer systems or networks and generates alerts when signs of compromise by malicious actors are detected.

Mobile device encryption

Encryption involves scrambling data using cryptographic techniques so that it can only be read by someone with a special key. When encryption is enabled, a device's hard drive will be encrypted while the device is locked, with the user's passcode or password acting as the special key.

Penetration tests

Authorized simulated attacks against an organisation to test its cyber security defences. May also be referred to as ethical hacking or red team exercises.

Perimeter firewalls

Hardware solutions used to control and monitor network traffic between two points according to predefined parameters.

Security info & event management (SIEM)

System used to aggregate, correlate and analyse network security information – including messages, logs and alerts – generated by different security solutions across a network.

Two-factor authentication

Where a user authenticates themselves through two different means when remotely logging into a computer system or web based service. Typically a password and a passcode generated by a physical token device or software are used as the two factors.

Vulnerability scans

Automated tests designed to probe computer systems or networks for the presence of known vulnerabilities that would allow malicious actors to gain access to a system.

Web application firewall

Protects web facing servers and the applications they run from intrusion or malicious use by inspecting and blocking harmful requests and malicious internet traffic.

Web content filtering

The filtering of certain web pages or web services that are deemed to pose a potential security threat to an organisation. For example, known malicious websites are typically blocked through some form of web content filtering.