



Section 1: 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 (%):
.....
Current number of employees:	Estimate for current financial year payroll: \$
.....

1.2 Please provide us with an updated business description that best reflects your business activities:

.....

1.3 Has there been any change in the property sum insured? Yes No

If "yes", please describe further:

.....

1.4 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.

1.5 If you did not purchase property insurance or general liability insurance from CFC last year, would you like a quote this year? Yes No

1.6 Please include any additional information that you believe is relevant to this application.

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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 (MM/DD/YYYY):