



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 the decision of our insurer partners when deciding whether to insure you, what cover they will offer you or the premium they will charge.

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 Absolute Cover representative.

Section 1: Company Details

1.1	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	Breakdown of employees:					
	Portfolio Managers:	Traders:				
	Research staff:	Sales/Marketing:				
	Compliance staff:	Other:				
1.4	Please provide details for the primary contact for this insurance policy: Contact					
	name:	Position:				
	Email address:	Telephone number:				





Insurance application form

Section 2: Activities

	Please describe below the services supplied by your business:			
	Please provide an approximate breakdown of how your revenue is gen	erated:		
	Please complete the following in respect of your 5 largest jobs in the la	st 3 years:		
	Client name:	Professional services:	Gross revenue:	
			£	
			£	
			£	
			£	
	on 3: Investment Management Liability			
cc	omplete this section if you require Investment Management Liability cov	er	£	
cc	emplete this section if you require Investment Management Liability cov Please state the total asset value of all client accounts:		£	
CC	emplete this section if you require Investment Management Liability covered properties of the section of the se	er Last complete financial year: :	£	
cc	Please state the total asset value of all client accounts: Estimated current financial year: £ Please state the asset value of your largest client account: £		£	
cc	Please state the asset value of your largest client account: £ Please state the minimum size account or fund you accept: £		£	
cc	Please state the total asset value of all client accounts: Estimated current financial year: £ Please state the asset value of your largest client account: £		£	
cc	Please state the asset value of your largest client account: £ Please state the minimum size account or fund you accept: £		£	
cc	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 accept: £		£	
cc	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 accept: £ Please state the percentage of revenue in the US:		£	





Insurance application form

			accounts	Asset Value			
Non-High net worth individua	l accounts:						
High net worth individual acc	ounts:						
Charitable trusts, foundations or endowments: Defined Contribution Pension Plans: Taft-Hartley Plans:			•				
			•				
			•				
Other Pension Plans:			•				
Corporate/Institutional:			•				
Other pooled investment veh	icles not describ	ed above (e.g, hedge funds):					
Total:							
Percentage of total asset value	ue above in discr	retionary accounts:		%			
Percentage of total asset value	ue above in non-	discretionary accounts:		%			
Please state the percentage of investments in the following areas:							
Commodity/Futures:	%	Direct real estate:	%	RMBS:	9		
Private placements:	%	Options:	%	CMBS:	9		
Domestic high yield			•				
bonds or leveraged loans:	%	Annuities	%	Other ABS:	9		
Hedge Funds and			· 				
LPs, other than Oil							
and Gas E&P	0,	International	24	Oil and gas E&P			
investment funds:	%	Investments:	%	investment funds:	9		
Private or non-traded				Blockchain and			
REITs or BDCs:	%	CDOs / CLOs:	%	cryptocurrency	9		
Please provide the name of the firms responsible for client accounts:							
Auditor:	·····						
Additor.							
Administrator:							
Administrator:							





Insurance application form

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	/laster/Feeder				
	Please continue on the additional information page or attach full details of all y	our funds to this application form.					
4.2	Please provide details of any redemption activity that has taken place in the	past 12 months, or is due to take place in t	he 3 months:				
4.3	Please state the amount the company have invested in the funds that they r	nanage (including general partners, portfolio	o 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:					
Sac	tion 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 plar	s to					
0.1	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:	dyrado any now capital.					
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 company:						
	c) the total number of shares or units owned by senior executive officers:						
	d) the number of shares or units outstanding in the company:						







Section 6: Employment Practises Liability

Only	complete this section if you require Employment Practises Liability cover
6.1	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?
6.2	Are your employees issued with an employee handbook? Yes No
	If 'yes', please provide a copy
6.3	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 harassment? Yes No
	e) Any complaint of discrimination or harassment? Yes No
	f) Grievance procedures? Yes No
	If you have ticked any of the shaded boxes in question 6.3, please explain in the below and continue on the ADDITIONAL INFORMATION page if necessary:
6.4	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:







Section 7: Benefit Plan Liability

Only complete this section if you require Benefit Plan Liability cover

7.1	Please state the total asset size of all your benefit plans:					
7.2	Please complete the following information for your three largest plans to be covered:					
	Name of Plan: Plan assets: Type of benefit plan (i.e. defined contributions or defined benefits):					
	Please forward your latest actuarial report (if applicable) and the latest benefit plan Report and Accounts for your largest Scheme.					
7.3	Are the benefit plans funded in accordance with the actuary's recommendation?					
7.4	Are the company and employee contributions fully and promptly paid into the benefit plans? Yes No					
7.5	Have you ever had to make a notification to the Pensions Regulator in respect of any benefit plan? Yes No					
7.6	Are the benefit plan assets held independently of the company? Yes No					
7.7	Is there currently, or is it anticipated that there will be, a suspension or reduction in contributions to any benefit plan? Yes No					
7.8	Is any benefit plan currently, or anticipated to be, wound up? Yes No					
7.9	Has any plan merged with, or assumed the responsibilities of, another benefit plan in the last 3 years? Yes No					
7.10	Are any benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA)? Yes No					
	If you have ticked any of the shaded boxes in questions 7.3 – 7.10, please explain in the box below and continue on the ADDITIONAL INFORMATION					

page if necessary:





Insurance application form

Section 8: Cyber Security Risk Management

Please describe the most valuable da	ta assets you store:		
Please state:			
a) who is responsible for IT security w	ithin your business (by job title):		
b) how many years have they been in	this position:		
c) whether you comply with any inter	nationally recognized standards for inforr	nation governance: Yes	No
If you answered "yes" to c) above, ple	ase state the internationally recognized :	вапаагаѕ жил wлich you compiy:	
	late to companies or services where you		upon to provide critical
Please tick all the boxes below that re			upon to provide critical Google Cloud
Please tick all the boxes below that rebusiness services:	late to companies or services where you	store sensitive data or who you rely	
Please tick all the boxes below that re business services: Adobe	late to companies or services where you Amazon Web Services	store sensitive data or who you rely Dropbox	Google Cloud
Please tick all the boxes below that rebusiness services: Adobe IBM Salesforce Please tick all the boxes below that response to the content of the conte	late to companies or services where you Amazon Web Services Microsoft 365	I store sensitive data or who you rely Dropbox Microsoft Azure Workday mplemented within your IT infrastruct	Google Cloud Oracle Cloud ture (including
Please tick all the boxes below that rebusiness services: Adobe IBM Salesforce Please tick all the boxes below that response to the content of the conte	elate to companies or services where you Amazon Web Services Microsoft 365 SAP Elate to controls that you currently have in	I store sensitive data or who you rely Dropbox Microsoft Azure Workday mplemented within your IT infrastruct	Google Cloud Oracle Cloud ture (including
Please tick all the boxes below that rebusiness services: Adobe IBM Salesforce Please tick all the boxes below that rewhere provided by a third party). If you	elate to companies or services where you Amazon Web Services Microsoft 365 SAP Elate to controls that you currently have in the unsure of what any of these tools are	Dropbox Microsoft Azure Workday mplemented within your IT infrastruct e, please refer to the explanation on t	Google Cloud Oracle Cloud ture (including the final page of this document.
Please tick all the boxes below that rebusiness services: Adobe IBM Salesforce Please tick all the boxes below that rewhere provided by a third party). If you advanced Endpoint Protection	Amazon Web Services where you Amazon Web Services Microsoft 365 SAP elate to controls that you currently have in a control of what any of these tools are Application Whitelisting	Dropbox Microsoft Azure Workday mplemented within your IT infrastruct e, please refer to the explanation on t	Google Cloud Oracle Cloud ture (including the final page of this document. Custom Threat Intelligence
Please tick all the boxes below that rebusiness services: Adobe IBM Salesforce Please tick all the boxes below that rewhere provided by a third party). If you advanced Endpoint Protection Database Encryption	Amazon Web Services Microsoft 365 SAP Salate to controls that you currently have in a control of what any of these tools are application Whitelisting Data Loss Protection	Dropbox Microsoft Azure Workday mplemented within your IT infrastructe, please refer to the explanation on the Asset Inventory DDoS Mitigation	Google Cloud Oracle Cloud ture (including the final page of this document. Custom Threat Intelligence





Insurance application form

Section 9: Crime

	the transfer of assets, fund	ds, investments, dis	bursement	ts and for the signing of	
cheques in excess of £2,500?	Yes No				
Do you have facilities to transfer funds without using	g a third party financial institu	tion? If "yes",	Yes	No	
olease give details:					
Are bank statements independently reconciled a	t least every 30 days by st	aff who are not auth	norised to r	make payments?	Yes
Are transactions only permitted to be made via ir	nternally approved counter	parties?	Yes	No	
Are the trading systems adequately controlled to system? Yes No	o ensure that only authorise	ed personnel are ab	le to trade	on the	
Are all key source documents maintained in a se nodifications or inappropriate use of this data?	cure environment prior to b	peing entered onto	the compu	ter system, in order to prev	ent unauthorise
f you answered above, please explain below:					
уой анэмегей ароле, реазе ехраін реюм.					
Are there adequate controls to ensure fraudulent	t instructions are not given	to any financial inst	itution by a	nv emplovee or any other p	erson who doe
		,		,	
·		Yes No			
not have authority to give genuine instructions?	Yes No	Yes No			
not have authority to give genuine instructions? Are telephone instructions confirmed in writing?	Yes No		s No.		
not have authority to give genuine instructions? Are telephone instructions confirmed in writing?			s No		
not have authority to give genuine instructions? Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer transposed to you have procedures in place for the use of p	ansactions within 24 hours	? Ye		n automatically withdrawn a	at cessation of
Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer trace of you have procedures in place for the use of pemployment? Yes No	ansactions within 24 hours	? Ye	uthorizatio	,	at cessation of
Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer trace of you have procedures in place for the use of pemployment? Yes No	ansactions within 24 hours	? Ye	uthorizatio	,	at cessation of
Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer trace of you have procedures in place for the use of pemployment? Are the finance, accounts and treasury departments and year? Yes No	ansactions within 24 hours	? Ye	uthorizatio	,	at cessation of
Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer trace. Do you have procedures in place for the use of pemployment? Yes No Are the finance, accounts and treasury departments and year? Yes No	ansactions within 24 hours	? Ye	uthorizatio	,	at cessation of
Are telephone instructions confirmed in writing? Are all banks required to confirm fund transfer trace. Do you have procedures in place for the use of pemployment? Yes No	ansactions within 24 hours	? Ye	uthorizatio	,	at cessation of





Insurance application form

Sect	ction 10: Kidnap and Ransom						
Only	y complete this section if you require Kidnap and Ransom	cover.					
10.1	Please provide the following information in respect of each planned foreign trip in the coming 12 months by your employees:						
	Country of destination:	Number of employees travelling:	Duration of visit:				
	If you have more than 10 trips planned in the coming 1:	2 months, please provide an itinerary					
10.2	Please state any special security precautions taken pr	ior to and during foreign travel:					
Sec	ction 11: Compliance						
	Please state whether your company has an:						
11.1	a) Internal Audit Department Yes No						
	b) Compliance Department Yes No						
	c) EDP Audit Department Yes No						
	d) Data Security Department Yes No						
	e) Audit Committee Yes No						
11.2	Please state:						
	a) how regular audits are performed:						
	b) the date of the most recent audit performed (DD/M	M/YYYY):					
	c) whether all recommendations from the most recent	t audit have been completed?	Yes No				
	If 'no', please explain:						





Insurance application form

11.3	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.	
Sec	ction 12: 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:	
Sec	ction 13: Claims Experience	
13.1	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 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 a claim which has been made but has not been settled or otherwise resolved	







Section 14: Additional Information

141	Please provide th	e 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;
- $\boldsymbol{\cdot}$ List of professional societies and organizations in which you belong to;
- $\boldsymbol{\cdot}$ 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.

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

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. Absolute Cover 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.absolutecover.co.uk/privacy-policy

Contact Name:	Position:
Signature:	Date (DD/MM/YYYY):



Insurance application form



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.