



Proposal Form for Media Professions' Professional Indemnity Insurance

IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method Of Completion

- This proposal form may be completed in ink or electronically, provided you print out an original and sign and date the declaration;
- ALL questions must be answered (if necessary comment as "not applicable" or "none");
- Please review the complete document before signing and dating the declaration;
- Please post the original form to us after taking a copy for your records. A faxed or electronic copy will enable work to commence on your behalf straight away.

Presentation

- Insurers see many proposals during the course of a working day and it is therefore important that your proposal form is completed fully, clearly and accurately. First impressions really do count here;
- If there is insufficient space in the proposal form or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;
- CV's of your principals should be supplied if you have not previously been insured or if any principal has been in their current position fewer than five years;
- Standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken or the potential professional liabilities faced;

Disclosure

- You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;
 - If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;
 - It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current underwriters of such matters as appropriate;
 - Failure to disclose material information may give underwriters the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.
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SECTION 1. – BUSINESS PROFILE

1. NAME(S) OF INSURED / PROPOSER (including all trading names of entities to be Insured):

(Please include any predecessors for whom cover is required)

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2. ADDRESS OF THE PRINCIPAL OFFICE: (Please list all other locations by Town or Country if overseas and identify the supervising Partner / Director at each location. Please provide on appendix sheet if required)

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ALL OTHER ADDRESSES BY TOWN/COUNTRY:

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Principal Contact:

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Telephone Number:

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E-Mail:

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Fax Number:

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Web-Site Address:

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3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

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DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:

(If Applicable)

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REASON FOR CESSATION OF FORMER BUSINESS:

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4. FULL DESCRIPTION OF BUSINESS ACTIVITIES (Please attach brochure(s) if available):

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5. PARTNERS / DIRECTORS / SOLE PRACTITIONERS & CONSULTANTS:-

Names of:	AGE	Qualifications & Professional Associations	Date Qualified	Number of Years as Partner / Director / Sole Practitioner
a) Partners / Directors / Sole Practitioners.				
b) Consultants.				
a)				
b)				

6. **NUMBER OF STAFF:-** (Not including the above)

Qualified:

Other:

7. **RECENT CHANGES? – During the last six years, has the name(s) of the Insured / Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners ? (i.e. departed, retired or deceased etc...)**YES NO

If “YES”, please give details below

8. **NEW ACTIVITIES – Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...**

9. **OTHER FINANCIAL INTERESTS – Does the Insured / Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)**YES NO

If “YES”, please state the name and nature of such Organisation and outline the work undertaken.

10. **JOINT VENTURE / CONSORTIUM**

(a) Is the Insured / Proposer or any other Partner / Director / Proprietor currently a member of a Consortium or has the Firm or any Partner / Director / Proprietor worked in the past in association with any other Firm or Organisation?

YES NO

If “YES”, please supply full details including names of all members and details of PII cover carried by each party

(b) Is cover required for such work?

YES NO **IF “YES”, INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS**11. **CURRENT INSURANCE ARRANGEMENTS – Please advise**

LIMIT OF INDEMNITY £	EXCESS £	PREMIUM £	INSURER	RENEWAL DATE	PERIOD CONTINUOUSLY INSURED
					YEAR(S)

PREVIOUS INSURANCE – Has any similar insurance for this Insured / Proposed or any Partner / Director / Principal been declined, cancelled or renewal refused?YES NO

If “YES”, please advise details

12. QUOTATIONS REQUIRED (If unsure, please contact to discuss or request "Please obtain various")

LIMIT OF INDEMNITY £			
EXCESS(ES) £			

SECTION 2 – PROFESSIONAL RISK PROFILE

1. **GROSS TURNOVER/FEE INCOME** – Please Advise (for new insured(s) / proposer(s) start up's, please estimate the expected turnover/fee income)

	Actual for <u>Last</u> Financial Year	Estimate for <u>Current</u> Financial Year	Estimate for <u>Next</u> Financial Year
UK in £			
USA or Canada in £			
Elsewhere excluding USA or Canada in £			
Total in £			
Largest total fees from any one client in £			
PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:			

2. **Your turnover including fee income** must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

a) Commercial TV		
i) Production of advertisements		£
ii) Media spend (whether purchased by you or by a media independent relative to your creative work)		£
b) Other Media		
i) Production of advertisements		£
ii) Media spend (whether purchased by you or by a media independent relative to your creative work)		£
c) Printed Literature/Documents		£
d) Direct Marketing		
i) Mail shots		£
ii) Postage costs		£
iii) Telemarketing		£
iv) Database Management and List Broking		£
e) Sales Promotion		£
f) Marketing (Including all Market Research)	Fees	£
	Production costs	£
g) Public Relations	Fees	£
	Production costs	£

h)	Human Resources	Fees	£
i)	Specialist Design (NB this insurance is not normally suitable for Interior or Product Designers)		
i)	Graphic Design	Fees	£
		Production costs	£
ii)	Corporate Identity	Fees	£
		Production costs	£
j)	Others. Please specify:		£

Does the above split accurately reflect:

- (i) your business activities in the past? **YES** **NO**
- (ii) your estimated business activities during the coming year? **YES** **NO**

If **NO** to either of the above, please explain the differences:

3. (a) Do you have your own Web Site? **YES** **NO**
- (b) What is your Web Site address?
- (c) Do you have any facility within your Web Site for any third party to register comments or leave any messages or questions? **YES** **NO**

If **YES**, please give details:

4. **PROJECT PROFILE (UNITED KINGDOM)** – Please list the five largest projects during the last SIX years:-

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date

5. **PROJECT PROFILE (OVERSEAS)** - Where the Insured / Proposer has undertaken work where the "end product" of such work was carried out overseas please advise details of the five largest contracts where construction has been started during the last SIX years:-

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date

6. **USA / CANADA** - Has the Insured / Proposer ever entered into any Contract:-

- (a) Where the Jurisdiction to that contract is subject to the laws of the USA and or CANADA? YES NO
- (b) Where it can be foreseen that any party outside the contract could bring legal action against the Firm under the laws of the USA and or CANADA? YES NO

If "YES", to any of the above please provide full details of the FIVE largest projects:-

PLEASE NOTE: STANDARD COVER WILL EXCLUDE USA AND OR CANADA

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date

7. CLAIMS & / OR CIRCUMSTANCES

PLEASE NOTE: IT IS IMPERATIVE THAT SECTION (A) AND (B) OF THIS QUESTION ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS UNDER YOUR PROFESSIONAL INDEMNITY INSURANCE. WHERE NECESSARY, PLEASE PROVIDE DETAILS ON AN APPENDIX SHEET.

(a) **CLAIMS & / OR CIRCUMSTANCES NOTIFIED TO INSURERS** YES NO

During the last ten years, has the Insured / Proposer notified to Professional Indemnity Insurers;

any claims that have been made against the Insured / Proposer listed in Question 1 Section 1, or against any present or former principals or employees of the Insured / Proposer ;

or ii) any circumstances of which you were aware that could be / could have been potential claims against the Insured / Proposer, or against any present or former principals or employees of the Insured / Proposer.

If “YES”, please provide details below:

Claim Status: (Open / Closed)	Date of Notification:	Brief Details of the claim / circumstance:	Amounts Paid by Insurers:	Outstanding Reserves:
			£	£
			£	£
			£	£
			£	£

(b) **OTHER CLAIMS & / OR CIRCUMSTANCES**

After enquiry of all principals and professional staff of the Insured / Proposer, are you aware of any other claims and/or circumstances that may give rise to claims against the Insured / Proposer, and which have not yet been notified to insurers? YES NO

If “YES”, please provide full details including amounts involved

DECLARATION

I / We declare that the above statements and particulars are true and I / We have not suppressed or mis-stated any material facts.

I / We agree that this proposal, together with any other information supplied by me / us shall form the basis of any subsequent contract of insurance.

I / We agree that where information has been inserted on our behalf, we have reviewed such information and confirm the information is accurate and correct

Signed: Partner / Director / Practitioner

For and on behalf of:

Date: