



HERA INDEMNITY

MAKING A DIFFERENCE

MEDIA AND MARKETING
PROFESSIONAL INDEMNITY
PROPOSAL FORM

Media and Marketing Professional Indemnity Proposal Form

Instructions

- This proposal form must be completed by a Principal, Director or Partner of the Proposer. The person completing and signing the form should be authorized by the Proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.
- All questions must be answered to enable a quotation to be given.
- Completing and signing this proposal form does not bind the Proposer or Insurers to enter a contract of insurance.

1. Company details (Including all trading names and subsidiaries)

Name	Date of establishment
Website address	

2. Address details (Including all subsidiaries)

3. Principals / Partners / Directors

Name	Qualifications	How long with the company

4. Does any Principal / Partner / Director have any association or financial interest in any other company?

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>
If Yes, please provide details of the association and the name and business of the third party		

5. Total number of staff

Principals / Partners / Directors	Qualified staff	Administration	Others

6. Has any Principal / Partner / Director ever been convicted of a criminal offence or are any charges / prosecutions pending or been investigated / reprimanded / disqualified by a professional body?

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>

7. Has any Principal / Partner / Director been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily?

Yes <input type="checkbox"/> If Yes, please provide information below	No <input type="checkbox"/>

8. Please provide details of the company's current Professional Indemnity Insurance policy

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
Renewal Date	

9. Please provide a breakdown of turnover/fees generated for each of the last 5 years and an estimate of the current/next financial year

	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	dd-mm-yyyy	Last complete year	New year estimate
Year End						
Work in UK						
Work in EU						
Work Elsewhere						
Total						

10. Please provide a breakdown of your activities and percentage of income generated for each discipline

Commercial TV production		%	Data broking management		%
Media spend Commercial TV		%	Sales promotion		%
Other media Production		%	Marketing, including market research		%
Media spend other media		%	Public relation		%
Direct marketing		%	Graphic design		%
Telemarketing		%	Other – please provide details:		%

11. Please provide details of your 5 largest contracts that have been completed in the last 6 years

Client	Start Date	Description of Work	Total Contract Value	Contract Fee	Estimated Completion Date

12. Please provide details of your current largest contracts

Client	Start Date	Description of Work	Total Contract Value	Contract Fee	Estimated Completion Date

13. Is the Company or any Principal / Partner / Director a member of any professional organization or trade association?Yes If Yes, please provide information belowNo **14. Do you provide Direct Mailing Services If No, proceed to question 15.**Yes If Yes, please provide information belowNo

What is your largest mailing by numbers mailed?

What is your average mailing by numbers mailed?

15. Please provide details of the company's procedures you have in place to ensure any media content does not breach any professional or third-party rights.**16. Do you provide print only contracts?**Yes If Yes, please provide information belowNo

What percentage of your income does this amount to?

%

Do you have procedures in place for each job including volume, timings and sign-off?

Yes No **17. Do you obtain final client sign-off before the production of any marketing material?**Yes No

If No, please provide details of why this is the case

18. Do you engage the services of sub-contractors?Yes If Yes, please provide information belowNo

What percentage of fees / turnover was paid to sub-contractors during the last financial year?

%

Do you always require sub-contractors to hold their own Professional Indemnity Insurance?

Yes No

If Yes, please confirm the minimum limit you require them to maintain

19. Does the Company undertake projects outside of the UK?Yes If Yes, please provide information belowNo

20. Has the Company at any time entered into a contract that is subject to the laws of countries outside the UK?

Yes <input type="checkbox"/> If Yes, please provide information below			No <input type="checkbox"/>			
Country	Client	Start Date	Description of Work	Contract Value	Contract Fee	Estimated Completion Date

21. Does the Company always use written agreements for each contract undertaken which clearly indicates the services to be provided and are all changes / amendments always confirmed in writing?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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22. Other than by sub-contracting has the Company ever entered into contracts where the Company may incur liability for the services provided by others such as a consortium involving joint and several liability?

Yes <input type="checkbox"/> If Yes, please provide information below		No <input type="checkbox"/>

23. Has the Company ever entered into contracts on behalf of clients?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, is a written sign-off of the contract terms obtained from the client prior to doing so?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

24. Please select the Limit of Liability the Company require quotations for:

<input type="checkbox"/> £250,000	<input type="checkbox"/> £500,000	<input type="checkbox"/> £1,000,000
<input type="checkbox"/> £2,000,000	<input type="checkbox"/> £3,000,000	<input type="checkbox"/> £4,000,000
<input type="checkbox"/> Other Limit of Liability £		

25. What Level of Excess does the Company require?

26. Has any claim been made, or loss suffered by the Company, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?

Yes <input type="checkbox"/> If Yes, please provide information below			No <input type="checkbox"/>	
Date of Claim / Loss	Details of Claim / Loss	Amount Paid	Date Settled	Outstanding Reserve

27. Is the Company aware of any of the following?

Any circumstances which might lead to a claim against the Company, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any matter which might otherwise affect the consideration of this proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for similar insurance been made on behalf of the Company or on behalf of any present Principal / Partner / Director ever been declined, refused, cancelled or accepted only on special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to any of the above, please provide details		

Disclosure

It is your duty to disclose all material facts to the Company. A material fact is one that may influence an underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to the Company will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this questionnaire, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Company of any material alteration to these facts occurring before completion of the contract of insurance

Declaration

We declare that to the best of our knowledge or belief that the particulars and statements given in this application are true and complete and this application, declaration and information shall be the basis of the contract between ourselves and the Insurer.
 We declare that we have informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of the insurance.
 We accept that if we are in doubt whether any fact may influence the Insurer, we should disclose it.
 We agree that we have a continuing obligation to notify Insurers of any material matters during the currency of any policy.
 We accept that any deliberate misrepresentation of facts declared on this proposal form may be referred to The Legal Complaints Service.
 I consent to having Hera Indemnity collect my details to send me information and / or an insurance quotation

Signature of Principal / Director / Partner	
Print Name	
Date	

Additional Information

A copy of this questionnaire should be retained by you for your own records.



HERA INDEMNITY

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