

Professional indemnity insurance Media consultants proposal form



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1 Name and address details

Practice name (include all names under which you practice)

Main office address

Postcode:

Telephone number

Contact e-mail address

Employer's Reference Number (ERN)

(found on PAYE documents)

Practice website

Date established

 / /

List number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

Have you ever conducted business with any other company with which you have a financial or managerial connection? Yes No

If 'Yes', please provide details:

2 The firm

Please list below your details if you are a sole trader or those of the Partners / Directors / Members of the company.

Name of all Partners / Directors / Members	Qualifications	Previous Employers	Years in the industry	How long as Partner / Director / Member of the Firm(s)

Please provide a C.V. outlining all relevant experience where any person(s) noted above have been working in the industry for less than 5 years

3 Staff

Please advise total number of staff excluding Partners, Directors, Members:

Creative Staff

Other Technical Staff

Administrative & Secretarial Staff

4 Subcontractors

Does the Company/Firm engage or intend engaging in the future any external sub consultants / sub contractors? Yes No

If 'Yes', please answer below.

(a) What percentage of your turnover in the current year will be paid to sub-contractors %

(b) For which work are they used and how do you select and manage them?

(c) Do you ensure they have their own Professional Indemnity Insurance? Yes No

If you stipulate a minimum level – please advise. £

5 Membership of professional organisations

Is your business a member of any professional organisation or trade association? Yes No

If 'Yes', please give details below:

6 Gross fee turnover

State the gross fees received for the following years

	Last Completed Financial Year	Current Year	Estimate Next Year
Work for UK clients	£	£	£
Work for USA or Canada clients – not subject to USA/Canada Laws	£	£	£
Work for USA or Canada clients – subject to USA/Canada Laws	£	£	£
Work for other overseas clients	£	£	£
Total Gross Fee Turnover	£	£	£

Financial Year End Date / /

7 Contracts

Give details of the five largest contracts commenced during the past three years.

If you are a new company, provide details of the largest contract(s) expected to start in the next 12 months.

Client Name	Clients Business	Nature of Contract	Contract Value	Fees Received
			£	£
			£	£
			£	£
			£	£
			£	£

Within the past 3 years, what is the average value of contracts you get involved in? £

8 Your business activity

Your turnover (including fee income) must be separated approximately into the activities listed below so that Insurers can understand what you are doing, In addition Insurers can only cover you for work that you declare.

1.	Commercial TV		
	i)	Production of advertisements	<input type="text" value="£"/>
	ii)	Media spend (whether purchased by you or by a media independent relative to your creative work)	<input type="text" value="£"/>
2.	Other Media		
	i)	Production of Advertisements	<input type="text" value="£"/>
	ii)	Media spend (whether purchased by you or by a media independent relative to your creative work)	<input type="text" value="£"/>
3.	Printed Literature / Documents		<input type="text" value="£"/>
4.	Direct Marketing		
	i)	Mail Shots	<input type="text" value="£"/>
	ii)	Postage costs	<input type="text" value="£"/>
	iii)	Telemarketing	<input type="text" value="£"/>
	iv)	Database Management and List Broking	<input type="text" value="£"/>
5.	Sales Promotion		<input type="text" value="£"/>
6.	Marketing (Including all Market Research)		
		Fees	<input type="text" value="£"/>
		Production Costs	<input type="text" value="£"/>
7.	Public Relations		
		Fees	<input type="text" value="£"/>
		Production Costs	<input type="text" value="£"/>
8.	Human Resources	Fees	<input type="text" value="£"/>
9.	Specialist Design (NB this insurance is not normally suitable for Interior or Product Designers)		
	i)	Graphic Design	
		Fees	<input type="text" value="£"/>
		Production Costs	<input type="text" value="£"/>
	ii)	Corporate Identity	
		Fees	<input type="text" value="£"/>
		Production Costs	<input type="text" value="£"/>
10.	Others. (Please specify)		<input type="text" value="£"/>

Does the above split accurately reflect:

- (a) Your business to the past? Yes No
- (b) Your business to the coming year? Yes No

If 'No' to either of the above, please explain the differences

9 Risk management

Do you always have a written specification with your clients for each job which includes campaign details, volume, quality, timings and sign off procedures? Yes No

Are all deviations to the above specification contract reported? Yes No

Do you always obtain final client sign off before going to print? Yes No

If 'No' to any of the above, please give details.

10 Your web site

Do you have any facility within your Web Site for any third party to register comments or leave messages or questions? Yes No

If 'Yes', please give details.

Has any one ever successfully damaged or altered your World Wide Web Site or have you ever suffered any loss due to the authorised contents of your Web Site? Yes No

If 'Yes', please provide details

11 Claims and circumstances

11.1 Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Director, Members or Principal? Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

11.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners, Directors, Members? Yes No

If 'Yes', give full details including amounts involved.

Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

11.3 Are any of the Partners, Directors or Members or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm(s) or its predecessors in business or any of its present or former Partners, Directors or Members? Yes No

If 'Yes', give full details of circumstances and amounts involved.

12 Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Afghanistan, Balkans (Former Rep. of Yugoslavia & Serbia), Belarus, Burundi, Central African Republic, DR Congo, Egypt, Eritrea, Guinea-Bissau, Guinea, Iraq, Lebanon, Libya, Mali, Sierra Leone, Somalia, South Sudan, Sudan, Tunisia, Ukraine, Venezuela, Yemen or Zimbabwe.

13 Disciplinary proceedings

Has any proposer / director / partner of the business:

- (i) Been declared insolvent or bankrupt or been the subject of bankruptcy proceedings? Yes No
- (ii) Been the subject of a County Court judgment (or Scottish equivalent) or are there any proceedings pending? Yes No
- (iii) Been a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings? Yes No
- (iv) Had a proposal form declined? Yes No
- (v) Had an insurance cancelled? Yes No
- (vi) Had special terms imposed? Yes No
- (vii) Been convicted or charged with any criminal offence, or have a prosecution for such an offence pending? Yes No
- (viii) Been prosecuted or served with a notice of intended prosecution or a prohibition notice in connection with a breach or alleged breach of any health and safety legislation? Yes No

If 'Yes', please provide details:

14 Current insurance

Has any proposal for professional indemnity insurance ever been declined by an insurer to whom you have applied? Yes No

If 'Yes', please provide details

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide details

Renewal date	/ /	
Insurer		
Broker		
Limit of indemnity	£	any one claim / aggregate – please advise
Excess	£	
Premium	£	

15 Future requirements

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of indemnity	£	£	£
Excess	£	£	£

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

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

This form must be signed by a principal of the firm

Signature: _____

Date: ____ / ____ / ____

Print name: _____

Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

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