

Marketing & Communications Professions Proposal Form

1.a Company Name / Title of Insured

1.b Principle Address
 Post Code

1.c Telephone Number
 Facsimile Number
 Email Address

2 Date Company Established / /
 Date Financial Year End /

3 If cover is required for an Associated or Subsidiary Company please provide details (Name & Address)
 Post Code

4.a Please give details of Partners or Directors or Principals

Names	Age	Qualifications	Date Qualified	How long a Partner in this practice
			/ /	
			/ /	
			/ /	
			/ /	

4.b Please state total number of

- | | |
|------------------------------|----------------------------|
| i) Directors () | iv) Support Personnel () |
| ii) Managers () | v) Sales and Marketing () |
| iii) Technical Personnel () | |

4.c If the Proposer has more than one office is there a Senior Partner / Director at each to oversee operations?
 YES NO

If NO please give details of procedures in place to ensure efficient running of the other offices and quality procedures in place

5.a If cover is required for any Consultants and or Sub-Contractors please give details

Names	Age	Qualifications	Date Qualified
			/ /
			/ /
			/ /

5.b Please give details of the type of work that you ask the Consultants and or Sub-Contractors to undertake

5.c Please state fees generated from Consultants and or Sub-Contractors £

5.d Do all Consultants and or Sub-Contractors carry their own Professional Indemnity?

YES NO

If NO please give details of procedures in place to ensure quality control of this work

6.a If cover is required for a Predecessor Firm(s) please give the Name of the Firm(s) and description of its' activities

6.b If cover is required for any Partner or Director who has left, retired or died please give details

Names	Age	Qualifications	Date Qualified	How long a partner in this practice
			/ /	
			/ /	
			/ /	

6.c If cover is required for the liability of any Partner or Director arising out of advice given or services performed prior to joining the firm please give details

Names	Age	Qualifications	Years Experience	Occupation of Previous Firm	Date Ceased as a Partner or Director
					/ /
					/ /
					/ /

6.d If such Partner or Director or Firm for whom they worked had any claims or circumstances of which underwriters should be made aware please give full details

6.e If any Partner or Director has been involved with a Company or Firm that has ceased trading for whatsoever reason or been made personally bankrupt or otherwise legally affected please give full details

7 Does the Company or Firm or any Partner or Director act on behalf of or undertake work for any Company, Firm or Organisation in which the Company or Firm or any Partner or Director has a financial interest (other than as a shareholder / stockholder in a publicly quoted company)?

YES NO

If YES please give details

8 Is the Company or Firm or any Partner or Director a member of any Professional Organisation?

YES NO

If YES please give details and confirm that all work is carried out in accordance with the Professional Organisation guidelines and that there have been no circumstances whereby a disciplinary action has been taken

9 Are you a Sole Practitioner?

YES NO

If YES

i) Is this a part time occupation?

YES NO

If YES give details of your full time occupation

ii) What arrangements have you made to run the Firm in the event of sickness or holidays?

10.a Have any major changes in the Proposers activities / structure taken place in the past twelve months?

YES NO

If YES please give full details

10.b Are any major changes in the Proposers activities / structure / fee growth expected in the next twelve months?

YES NO

If YES please give details

10.c Is cover required for any previous activity, now ceased, which is different from that declared within this proposal form?

YES NO

If YES please give details

10 Is the Proposer currently insured or been insured previously for Professional Indemnity?

11

YES NO

If YES please state

i) Name of Insurer

ii) Indemnity Limit (State whether Aggregate or Any One Claim)

£

iii) Excess £ iv) Date cover expires / /

v) Number of years Insured

12 Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Company or Firm or its present or past Partners or Directors during the past ten years?

YES NO

If YES give full details including amounts

13 What measures have been taken to avoid a similar situation occurring?

14 Are any of the Partners or Directors or Employees, AFTER ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim against this Company or Firm or their predecessors in business or any of the present or former Partners or Directors or Employees?

YES NO

If YES give full details

15.a Does Proposer always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods ?

YES NO

If NO give full details

15.b Has Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

YES NO

If YES state date, circumstances, amount and steps taken to prevent recurrence

15.c Is any Partner or Director allowed to sign cheques without another signature? YES NO

If YES what limit £

15.d Is cash in hand and petty cash checked independently of the employees responsible?

i) At least monthly? YES NO

ii) Additionally, without warning, at least every six months? YES NO

15.e Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

YES NO

15.f Are employees receiving cash and cheques in the course of their duties required to pay in daily?

YES NO

16 Has any Insurer ever:

i) Declined proposal or renewal for this Company or Firm or any Partner or Director?

YES NO

ii) Required an increased premium or imposed special terms?

YES NO

iii) Cancelled an Insurance?

YES NO

If any answer is YES please give full details

17.a What is the limit of indemnity required?

£100,000 £250,000 £500,000 £1,000,000 Other £

17.b What is the amount of excess which your Company or Firm would be prepared to carry?

£500 £1,000 £2,500 Other £

It is likely that underwriters may impose a compulsory excess

Section 2

DADI.1

1.a Please advise fee income for each of the last four financial years and an estimate of the forthcoming year

Date	/ /	/ /	/ /	/ /	/ /
In Europe	£	£	£	£	£
Rest of World	£	£	£	£	£
USA / Canada	£	£	£	£	£
Total Fee Income	£	£	£	£	£

1.b Please tell us what areas of work you are active in and give us a breakdown of fee income by work area

Commercial TV	
Production of Advertisements	£
Media Spend <i>(whether purchased by you or by a media independent relative to your</i>	£
Other Media	
Production of Advertisements	£
Media Spend <i>(whether purchased by you or by a media independent relative to your</i>	£
Printed Literature or Documents	£
Direct Marketing	
i) Mail Shots	£
ii) Postage Costs	£
iii) Telemarketing	£
iv) Database Management & List Broking	£
Outsourcing & Facilities Management	£
Sales Promotion	£
Marketing <i>(including all Marketing Research)</i>	
Fees	£
Production Costs	£
Public Relations	
Fees	£
Production Costs	£
Human Resources	£
Graphic Design	
Fees	£
Production Costs	£
Corporate Design <i>(Corporate image etc)</i>	
Fees	£
Production Costs	£
Other	£
Total	£

If you have entered Other please give details

1.c If you are involved in Product Design please give full details and advise of application of the Product Designed

1.d If you design Games or Competition or Promotional events please give details and fee income derived

1.e Please give details of the three largest contracts carried out over the last five years

For Whom you worked	What did you do	Overall contract value	What did you earn
		£	£
		£	£
		£	£

1.f Please give details of areas that you feel are your area of speciality and what you do

2.a If you are involved in Project Management Consultancy please provide details of a typical project and describe your role, average fee and average total contract value

Are you responsible for the appointment of any advisory or professional consultants?

YES NO

If YES please give details

2.b If you are involved in Computer Consultancy please give details of

i) Any software written

ii) Any implementation of systems

What is the maximum downtime your work could cause half day full day longer

2.c If you are involved in Interim Management please advise of your duties and if you will be involved day to day and /or strategic management

What is the reason for your employment in this position

What level of decision-making do you accept without referral to a higher level of management

Day to day management YES NO

Strategic management YES NO

2.d If you are involved in Outsourcing and Facilities Management Consultancy please give a brief description of the services you provide

2.e If you are involved in Design and Creative Consultancy please advise

i) What you design

ii) What your client will do with the completed design

2.f If the Company or Firm gives advice on manufacturing or processing plant please give details of the work undertaken

2.g Does the Company or Firm ever give guarantees or indicate to be able to give increases in sales volume, sales value, revenue or similar to clients?

YES NO

If YES please give full details

3 Is the Individual, Firm or any Partner, Principal or Director a member of a Consortium or Joint Venture?

YES NO

If YES please give details of

Name of Consortium or Joint Venture

Type of services being provided to the Consortium or Joint Venture

Annual income / fees for relevant contract(s)

4 Has the Company or Firm ever been involved with a project that has been aborted or other wise abandoned prior to the completion or attachment date?

YES NO

If YES please give full details

5.a If you use Sub-Contractors or outside specialist for Printing, Graphic Design, Artwork or other related topics please give details of the work outsourced and fee income paid to these groups

5.b If you use these groups please confirm that you ensure that they have their own Professional Indemnity insurance and give details of how you ensure their professional ability and quality procedures

6.a Who in the Company or Firm is responsible for Quality Procedures

6.b What internal procedures does the Company or Firm have in force in relation to Quality Procedures and Matters

6.c How often are working procedures reviewed to ensure their continuing suitability and what form does this review take

7.a Please provide details of the procedures in place for confirming client instructions

7.b What records are kept of

i) The original contract and subsequent amendments

ii) With Client visits

iii) Telephone conversations involving instructions and / or the provision of advice

8.a Do you have your own Web site? YES NO

If YES please give your Web address

8.b If your client or viewer can down load from your Web site please advise what material can be down loaded and what function that material can perform

8.c If you issue brochures or promotional literature please provide a copy

8.d If you use any standard terms and condition of trade please provide a copy

9.a Does the Firm use the assistance of any outside groups (such as Solicitors) to ensure that there are no breaches of Copyright, Libel, Advertising Standards or other regulatory or legal statutes?

YES NO

If NO please give full details of what procedures you have in place to avoid claims emanating from this source

9.b If you have ever been cited by any regulatory body or had complaints made against you relating to items mentioned or associated with 9a please give full details and advise what actions you have taken to avoid similar actions happening again

This page forms your declaration to underwriters and can also be used to provide any additional information that you might want to provide pertinent to your Firm that may assist underwriters in their decision making process.

In all cases underwriters will require you to sign and date this form. If you present this proposal form to us electronically (by email) you will eventually be required to sign and date this form.

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, 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 insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Sennet Professional Indemnity Limited' to seek terms on my/our behalf from Insurers including current Insurers if any.

Signed:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Professional Indemnity Limited and Underwriters act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.