



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR ADVERTISING AGENTS

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.

YOUR BUSINESS

Practice name (please include all names under which you practice)

Main office address

Postcode

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

List number of branch offices

Date established

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.
(If you have any overseas offices, provide details of the country, nature of operation and turnover).

If your business has been established for less than five years, please list on a separate sheet the names of the companies by whom the partners were previously employed:

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

Name	Qualification	Previous employers	Years in the industry	How long as Partner / Director / Member of the Firm(s)

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Is your business a member of any Association or Professional Body which has a code of professional conduct?

Yes

No

If 'Yes', please give details below:

Association	Date Joined

PRODUCTION ACTIVITIES

Please provide a breakdown of the range of productions undertaken:

Animation – U.K.

%

Animation – Overseas

%

Location Production – U.K.

%

Location Production – Overseas

%

Studio Production – U.K.

%

Studio Production – Overseas

%

LARGEST CONTRACTS

Please provide details of the five largest contracts you have undertaken over the last three years:

	Client	Production details	Dates commenced and completed	Contract Production Budget
(1)				
(2)				
(3)				
(4)				
(5)				

PRODUCTION COSTS

Please provide the following

- (a) Estimated annual production costs for the forthcoming year
- (b) Annual production costs for the expiring year
- (c) Estimated average production costs per contract for the forthcoming year
- (d) Maximum foreseeable production cost for any one production

CONTRACTS

- (a) Please provide the names of any Production Companies with whom you regularly work, together with a copy of your standard contract with them.

Names

- (b) Will all Artistes be under contract to complete the commercial in the event.
Please forward a copy of your standard contract with Artistes

Yes No

COMMERCIAL PRODUCERS INDEMNITY

Do you insist that Production Companies with whom you work carry Commercial Producers Indemnity Insurance?

Yes No

IN HOUSE PRODUCTIONS

Please state the proportions of Productions which are produced 'in-house', if applicable?

--

PRINTED ADVERTISEMENT COVER

Do you require cover to be extended to include advertisements in newspapers, magazines and other printed publications? Yes No

If 'Yes', what proportion of the Annual Production Costs relate to this type of advertisement?

CURRENT INSURANCE

Do you currently have professional indemnity insurance? Yes No

If 'Yes', please provide following details:

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

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

FUTURE REQUIREMENTS

Please advise the Limits of Indemnity required for:

(a) Any one advertisement

(b) In the aggregate per policy year

Please advise your preferred 'each and every claim' excess.

£2,500 £5,000 Other (please state)

CLAIMS

Have you suffered direct financial loss, whether insured or not, arising from the delay, interruption, cancellation or abandonment of the production, transmission or publication of an advertisement? (Please note that the response to this question should encompass any loss suffered as a result of the enforced withdrawal of an Advertisement or termination of a campaign as a result of the death or public disgracing of an artist appearing in the Advertisement)? Yes No

If 'Yes', please provide full details.

ADDITIONAL INFORMATION

Please provide us with details of any other information which may be relevant to Insurers consideration of your Proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

CONFIRMATION

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

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:-

SBJ Professional | Castlemead | Lower Castle Street | Bristol | BS1 3AG
T: 0117 929 3344 | F: 0117 925 1594 | E: enquiry@sbj-pi.com | W: www.sbj-pi.com

SBJ Professional *Passionate about the professions*