



Proposal Form

Professional Indemnity Insurance FOR BUSINESSES IN MARKETING, ADVERTISING AND PUBLISHING

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. Insurers rely upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the “Proposer” which includes all person(s) or businesses applying for insurance.

SECTION 1 – ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

1.

Proposer(s) Name (*Company/Trading Name*):

2.

Main Address: (Also include any other locations):

3.

Date Established:

4.

Website & Contact Email Address:

5.

Person to contact about insurance and contact telephone number(s):

6.

Professional or Trade Association Membership:

7.

Company Registration Number:

8.

Please provide a full description of the Proposer’s activities :

9.

Proposed inception date for policy: _____
(12 month policy period is assumed)

SECTION 2 – ABOUT THE BUSINESS

10. During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer's name been changed or has it acquired any other business or concern, or has it participated in any merger or acquisition or consolidation? Yes ☐ No ☐

If Yes, please provide full details.

11. Is the Proposer connected or associated (financially or otherwise) with any other entity? Yes ☐ No ☐

If Yes, is cover required for any work undertaken for any associated entity? Yes ☐ No ☐

If Yes, provide name, nature of work undertaken and income derived from the associated entity.

12. List all partners, principals, directors and consultants under a contract of service:

(use separate sheet if necessary)

Name	Qualifications	Dates(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

* Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

13. List total number of employees split between the following:

(include part time employees)

Principals and Senior Qualified	Other Technical and Qualified	Administrative	Other (Specify)	Total

14. Provide the Proposer's turnover in each of the financial periods derived from clients based in the territories below:

Territory	Last Financial Year Ended ____/____/____	Current Financial Year Ending ____/____/____	Coming Financial Year Ending ____/____/____
UK £			
EU - £ equivalent			
USA/CAN - £ equivalent			
Elsewhere - £ equivalent			
Total £			

* Provide details of turnover designated as Elsewhere.

SECTION 2 – ABOUT THE BUSINESS (Continued)

15. List the largest 5 customers or contracts in the past 3 years and planned contracts if a new start up business:

Customer Name (including details of product & service provided)	Income derived from contract (£)	Duration	% of Proposer's annual turnover
1.			
details:			
2.			
details:			
3.			
details:			
4.			
details:			
5.			
details:			

16. Please allocate below, as a percentage to a total of 100%, the split in turnover in the last complete financial year or estimate for first year if a new start up business:

Advertising Services	UK	EU	USA/Canada	Elsewhere*	Total
Production of television commercials					
Airtime purchasing costs for television commercials					
Production and design of printed advertisements					
Production and design of online or multimedia advertisements					
Space purchasing costs for printed, web and multimedia advertisements					
Marketing Services					
Fees from direct mail promotions					
Fees from direct response campaigns					
Fees from sales promotions work					
Fees from market research work					
Fees from public relations work					
Fees from graphic design work					
Corporate Identity work					
Production costs for Marketing Services					
Printing and Publishing					
Production and printed materials					
Production of materials for publishing online					
Other Work**					
					100%

* Please provide details of territories designated as Elsewhere

** Please provide details of the type of work undertaken

SECTION 2 – ABOUT THE BUSINESS (Continued)

17. Does the Proposer publish any printed or online materials? Yes ☐ No ☐

If Yes, please list details of all publications below:

Name	Format	Approx. annual circulation	% of circulation		
			UK	EU	Elsewhere*

** Please provide country details of turnover listed as Elsewhere.*

18. Does the Proposer require coverage for any other activity, now ceased or which is due to commence, which is different to the description of the Proposer's business given in question 16 and 17? Yes ☐ No ☐

If Yes, please provide full details.

SECTION 3 – RISK MANAGEMENT

Consultants and Subcontractors

19. What percentage of turnover on average over the last 3 years has been paid to outside consultants or subcontractors? _____ %

If turnover has been paid to outside consultants or subcontractors are they engaged in a binding contract accepting responsibility for their own neglect, error or omission for the work they undertake and do they carry their own professional indemnity insurance? Yes ☐ No ☐

If No, please provide including nature of work and projects undertaken.

Online Content

20. Does the Proposer have any ownership or control over any material which is published or posted on any online bulletin board, blog, chat room, or similar social networking website? Yes ☐ No ☐

If Yes, please answer the following:

- a) Is there a procedure in place for quickly identifying any complaint? Yes ☐ No ☐
- b) Is there a procedure in place for removing any false or libellous content? Yes ☐ No ☐
- c) Is there a procedure in place for issuing an apology where appropriate? Yes ☐ No ☐

Data Protection and Information Security

21. Does the Proposer hold or handle any credit-debit cards or any other financial data? Yes ☐ No ☐

If Yes, does the Proposer comply with all relevant Payment Card Industry (PCI) Data Security Standard (DSS) Requirements? Yes ☐ No ☐

SECTION 3 – RISK MANAGEMENT (Continued)

Infrastructure Protection

22. Does the Proposer host, store, or maintain any client data or information? Yes ☐ No ☐
If the answer if Yes, then please confirm if the Proposer has the following in place:
- a) Automatic fire detection connected to an alarm receiving centre? Yes ☐ No ☐
b) Premises intrusion detection connected to an alarm receiving centre? Yes ☐ No ☐
c) An emergency response procedure? Yes ☐ No ☐

Checking Procedures

23. If any of the Proposer's publications contain literature, music, film, video, photography or other images, are there procedures in place to ensure the appropriate rights are acquired prior to publication? Yes ☐ No ☐
24. Is potentially contentious material referred to lawyers for libel checking prior to publication?
If No, please provide full details of how the Proposer ensures that no potentially defamatory or libellous statements are published. Yes ☐ No ☐
25. Does the Proposer obtain final client sign-off before going to print? Yes ☐ No ☐

General

26. Are all the Proposer's contracts and terms of engagement in writing? Yes ☐ No ☐
27. Does the Proposer have written procedures or checklists for the services performed? Yes ☐ No ☐
28. Does the Proposer always obtain satisfactory written references when engaging employees? Yes ☐ No ☐

If any of the above questions is No, please provide full details of the alternative procedures in place.

SECTION 4 – PREVIOUS INSURANCE

29. Has any Proposal for Professional Indemnity Insurance (or similar insurance) made by or on behalf of the Proposer or its business or other activity, or any predecessors of the Proposer or its business or other activity or any principal, partner or director of the Proposer been declined in the past or has such insurance been cancelled, renewal refused or has any special terms been imposed on them? Yes ☐ No ☐
If Yes, please provide full details.

30. Does the Proposer currently purchase Professional Indemnity Insurance? Yes ☐ No ☐
If Yes, please provide the following information:

Insurer	Limit	Excess	Premium	Retroactive Date
	£	£	£	___/___/___

SECTION 5 – PREVIOUS EXPERIENCE

- | | | |
|-----|---|--|
| 31. | After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 32. | After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 33. | After full enquiry has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business?

(This is regardless of whether the claim was successful or not or whether the claim(s) was insured or not). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 34. | After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business?

(This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
- If the answer to any of the above questions is Yes, please provide full details.*

If the answer to any of the above questions is Yes, please provide full details.

SECTION 6 – LIMIT OF INDEMNITY AND EXCESS

Select the Limit of Indemnity required:

£100,000	<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"/>	£5,000,000	<input type="checkbox"/>	OTHER £	

Select the Excess required:

£250 ☐ £500 ☐ £1,000 ☐ £2,500 ☐
£5,000 ☐ £10,000 ☐ OTHER £

ADDITIONAL INFORMATION

[illegible]

ADDITIONAL INFORMATION

Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary

PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION

Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG.

DATA PROTECTION

By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information the Insurer may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Proposer where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties.

MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by the Insurer. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The undersigned declares on behalf of the Proposer that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Proposer.

☐ More information is attached to this Proposal Form

Signature: _____

Dated: _____

Print Name: _____

Position*: _____

** (Must be Chairman, Managing Director or other Director responsible for insurance)*