



# Professional Indemnity Insurance

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## Proposal Form

Marketing, Advertising and  
Communications Consultants



**Your business activity**

Your percentage of turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

	Turnover
a. Creation of content for advertisements	
i. Commercial TV/cinema	%
ii. Print/press/poster	%
iii. Internet e.g. pop-ups/banner	%
iv. Radio	%
v. Mobile telecoms e.g. SMS, MMS	%
vi. Other - please specify:	%
b. Media buying	%
Please break down your media buying activities as follows:	
i. Media spend	£
ii. Fees to you	£
c. Design of printed literature/documents	%
d. Direct marketing	
i. Postal mailings	%
ii. Email marketing	%
iii. SMS marketing	%
iv. Other - please specify:	%
e. Packaging and fulfilment	%
f. Telemarketing	%
g. Database management and list broking	%
h. Sales promotion	
i. Coupons/offers/discounts etc.	%
ii. Competitions/contests	%
iii. Premium sourcing/supply	%
iv. Field sales	%
v. Other - please specify:	%
i. Market research	%
j. Public relations	%
k. Graphic design (not interior design or product design)	%
l. Corporate identity/brand consultancy	%
m. Marketing consultancy	%
n. Others - please specify:	%

**Films**

Do you produce any Commercials or Promotional Films? If yes you will be required to complete a supplementary questionnaire.	
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**Risk management**

What procedures do you have in place to ensure that any photo, film clip, music or other content used by you does not breach any third party rights? If you have standard written procedures please attach a copy.

**Direct marketing and sales promotion**

**Mailings** Do you carry out any mailings? Yes  No

If YES:

a. What is your largest mailing (by number of pieces mailed)?

b. What is your average size mailing?

c. Do you undertake 100% mailings (contracts where 100% of the client database must receive the mailing)? Yes  No

If YES:

Please provide details of the nature of the mailing(s) and client(s):

i.

ii. What percentage of your total mailings are 100% mailings?  %

**Contracts**

a. Contracts a. Do you carry out any print only contracts? Yes  No

If YES, what percentage of your income:  %

b. 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

c. Are all deviations to the above specification contact reported? Yes  No

d. Do you always use a purchase order, or equivalent, when employing subcontractors which mirrors any client obligations for each contract? Yes  No

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

Please give details of the three largest contracts commenced in the past three years:

Start date / end date	Name / business of client	Nature of contract	Total value	Income to you



Sub-contractors and non-employed contributors

a. What percentage of your content is supplied by non-employed Contributors including freelancers or other non-employees?  %

b. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? YES  NO

If NO, please provide details:

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

Have you had any involvement with structural design work in relation to event/conference/exhibition organisation? YES  NO

If YES please give details:

Do you act as Printers or have Print only contracts? YES  NO

Are you Journalists / Authors? YES  NO

Have you ever bought Professional Indemnity Insurance in the past? YES  NO

If YES, please provide details:

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	Retro active date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£

**You must complete this section.**

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES  NO

A client withholding payment due to you after any complaint.

YES  NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES  NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES  NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt?

YES  NO

2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

YES  NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES  NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES  NO

If YES, please provide details:

Date	Details



**DECLARATION**

**You must complete this section.**

**Please read the declaration carefully and sign at the bottom.**

**MATERIAL INFORMATION**

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

**DATA PROTECTION**

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**DECLARATION**

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**