



MEDIA COMPANY INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Applicant company: _____

Contact Name: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

2. Please state when your company was established: _____
3. How many principals/directors/officers/partners are there in the company? _____

- a. Please show the details of all principals/partners/directors:

Name	Years in Position	Years Experience	Qualifications

- b. Please state the total number of employees: _____

4. Please state the following:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic Revenue			
Other Territory Revenue			
Total Revenue			
Gross Profit			
Payroll			

Date of Company financial year end: _____ Currency: _____



SECTION 2: ACTIVITIES

1. Please briefly describe below the nature of your business activities. If you have a brochure, or company literature, please attach to this form. _____

2. Please provide a full breakdown of your total revenue by activity. The total of all activities listed here should equal 100%:

Activity	% Revenue

3. Do your activities include event or conference organizing? Yes No
If yes, please provide details of the type of events organized: _____

4. Do your activities include filming on location in an area to which the public has access? Yes No
If yes, please provide details: _____

5. Do any of your employees engage in manual work? Yes No
If yes, please state the percentage of your overall payroll that related to manual work: _____%

6. Do any of your employees work at a height in excess of 10 meters? Yes No
If yes, please provide more details: _____

7. Please list all of your current public facing URLs:

URL	Nature of Website	Estimated Current Monthly Unique Visitors	Estimated Monthly Unique Visitors Over the Next 12 Months

8. Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No

9. Do you have a privacy policy and terms of use on your website? Yes No
If yes, has it been legally reviewed? Yes No

If you have answered no to either of the above questions, please explain: _____

10. Do you have a specific policy for managing all opt-in/opt-out marketing requests? Yes No
If no, please explain: _____



11. Do your internal IT systems comply with all of our minimum security requirements detailed below? Yes No
- a. Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
 - b. All external network gateways must be protected by a firewall;
 - c. All critical data must be backed up on at least a weekly basis;
 - d. All back-ups should be stored in a secure location offsite or in a fireproof safe; and
 - e. The integrity of all back-ups should be verified on at least a monthly basis.

If no, please explain: _____

12. In the event of a system interruption (including web downtime), what is your maximum estimated daily financial loss? \$ _____
 Note, this figure will set the maximum limit for your system business interruption cover.

13. Please detail which of the following data types you collect:

Credit or debit card details	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social security numbers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit history or ratings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical records or health information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer bank records or details	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third party corporate confidential data	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: CONTRACT INFORMATION Only complete this section if you require professional liability cover.

1. Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of Client	Business of Client	Nature of work for this contract	Annual Income from this project	Start Date	Completion Date

Approximately how many clients do you have? _____

2. Do you carry out work only under a written contract signed by every client? Yes No

If yes, please supply a copy of your standard form of contract, or typical examples of contracts used.

If no, please explain in what circumstances, and why: _____

3. Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If yes, please explain what percentage of your contracts this is applicable to and what these are capped at: _____

4. What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? _____%



5. Do you ensure that sub-contractors have their own Errors and Omissions and General Liability insurance? Yes No

If no, please explain how you limit your exposure: _____

6. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

If no, who signs off on the contract? _____

7. Do you always obtain client sign off on your deliverables? Yes No

If no, please explain: _____

8. Please list all of your current publications:

Name	Geographical Distribution*	Date first published	Average circulation	Frequency of publication

*e.g., regional, national, or international

9. Do you engage in any investigative journalism or publish exposé content? Yes No

If yes, please provide details: _____

10. Do you have standard procedures and safeguards for:

a. Ensuring accuracy and originality of content? Yes No

b. Processing unsolicited ideas, photographs, articles, clippings, etc.? Yes No

c. Clearing titles of all publications Yes No

11. Does your company use content supplied by third parties? Yes No

If yes, do you obtain written warranties in respect of originality of content, accuracy of content, and authenticity of source? Yes No

If no, explain why: _____

12. Do you obtain written releases which respect to creative material or talent from employees, models, freelance photographers, writers, composers, artists, musicians, or non-professional persons appearing in commercial advertisements? Yes No

13. Do you have a written procedure for ensuring all appropriate licensing fees are paid with respect to any music that you use? Yes No

If no, please explain why: _____

14. Please provide the name of the law firm you consult in respect of media issues, including review, procedures, and complaints handling: _____

15. Is all advice adhered to? Yes No

16. If no, please explain under what circumstances: _____



17. Do you have written procedures to either edit, remove, or respond to offending, inappropriate, inaccurate, or infringing content, including website content? Yes No

18. Do you engage in comparative advertising? Yes No

If yes, please explain your procedures to ensure accuracy of content: _____

19. Do you trademark your proprietary products? Yes No

20. If no, please explain why: _____

21. Do you engage in the services of an advertising agency? Yes No

If yes, do they provide you with a full indemnity in relation to all of the content they originate? Yes No

22. Do you ensure that all sensitive data is encrypted while standing and during transmission? Yes No

23. Do you outsource the handling of sensitive data to any third party? Yes No

SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this coverage.

1. Please state the address of the premises to be insured (if different from the address given in Section 1.):

a. PREMISES 1:

Street Address: _____

City, State, Zip: _____

b. PREMISES 2:

Street Address: _____

City, State, Zip: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

2. Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of Party	Interest of Party	Address	City	State	Zip Code

3. Are all of the premises:

a. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

b. Free from cracks or other signs of damage that may be due to subsidence, landslide or heave and have not previously suffered damage by any of these causes? Yes No

c. In a good state of repair and occupied solely as offices? Yes No

d. Self-contained with a lockable entrance door? Yes No

e. Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

f. Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No



- g. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- h. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- i. Fitted with sprinklers either fully or partially? Yes No

NOTE: Assuming you have answered yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered no to any of the above questions then please give further details. _____

SECTION 5: INSURANCE REQUIREMENTS

1. Please provide details of your current or required insurance policies:

Type of Insurance	Inception/ Expiry Date	Limit of Liability	Deductible	Premium	Insurer	Retro Date
Media Liability						
Errors & Omissions						
Cyber/Privacy Liability						
Commercial General Liability						
Property						

2. Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main Building		
Landlord's fixtures & fittings and tenant improvements		
All items wherever located		

3. If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items: \$_____

Please also state the approximate percentage of the time that these items are away from your premises: _____

4. If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these items: \$_____



Please also state the approximate percentage of the time that these items are away from your premises: _____

- 5. Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a "Flexible First Loss" basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount Insured	Indemnity Period
Business interruption cover (Flexible First Loss)		Months

SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

- 1. Regarding all of the types of insurance to which this application form relates, AFTER FULL INQUIRY:
 - a. Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
 - b. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
 - c. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
 - d. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?
 - e. Has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a-e above: Yes No

If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

- I declare that after proper inquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this Application Form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signatures: _____ Date: _____

Applicant:

Signature

Print Name

Title



ADDITIONAL INFORMATION:
