



Proposal Form

Multimedia Professional Indemnity Insurance

This is a Proposal Form for a Policy relating only to claims first made against the Insured during the Policy Period. Please answer all questions leaving no blank spaces. If you have insufficient space to complete any of your answers, please continue on an attached sheet of your own letterhead. If you are unsure about any aspect of the form, talk to your professional insurance adviser.

Please complete **Section A** as well as any profession specific additional **Section (B, C, D, E)**.

A. General Section

(All applicants must complete this section)

General Information

1. Applicant Name: _____

2. Address of Principal Office: _____

3. Date Firm Established: _____

4. Staff Details:

	Number
Principals/Directors	
Qualified Staff	
Clerical/Administrative	
Other	
Total	

5. Is the Firm or any Principal/ Director a member of any Professional Body/Association? Yes / No

If "Yes", please give details: _____



6. (a) Total amount of revenue for last financial year ended ____ / ____ / ____ \$
(b) Total amount of revenue estimated for next financial year ____ / ____ / ____ \$
7. Please provide the turnover of current year (last 12 months) derived from the following activities:

Activity	Turnover (%)
<u>Publishing</u>	
Publishing (music, books, magazines, newspapers)	
Distribution	
Subsidiary Rights	
<u>Printing</u>	
Printing Services	
<u>Broadcasting</u>	
Television Broadcasting	
Radio Broadcasting	
Satellite Broadcasting	
<u>Production</u>	
Film Production	
Post Film Production	
<u>Marketing</u>	
Media Buyer TV	
Media Buyer Non-TV	
TV Advertising	
Non-TV Advertisement (theatre, radio, outdoor advertising)	
Promotional Materials (brochures, annual reports)	

8. Does the Firm's business extend to activities outside of New Zealand? Yes / No

If "Yes", please state which countries were involved, what work was undertaken and what proportion of total revenue were obtained from each country

Country	Work Undertaken	% of Revenue – last year	% of Revenue – this year	% of Revenue – next year

9. Please complete the following:



(a) Do you undertake assignments/projects on your standard contract terms? Yes/ No

If Yes, please provide a copy.

(b) If you do not use your standard contract terms, would you commence any assignment or a project where there is no written agreement or contract in force? Yes/ No

(c) Do you deviate or amend the terms and conditions of your standard contract? Yes/ No

(d) What percentage of your customer contracts does your legal adviser review? %

(e) Do you ever negotiate contracts with your customers in which you accept liability for consequential damages? Yes/ No

If **Yes**, please explain in detail when and how often:

10. Does any one contract/client represent more than 50% of the total annual turnover of the Firm? Yes/No

If **Yes**, please provide details

11. After inquiry, do any of the Principals, Partners, Officers, Employees, Directors, or any other persons to be covered under this insurance, have knowledge of any act, error, omission or circumstance which may give rise to a claim against any proposed insured? Yes / No

If **Yes**, attach full particulars

12. Have any claims been made during the past five (5) years against the applicant or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees or any predecessors in business? Yes / No

If **Yes**, attach full particulars including a description of the incident which caused the claim, the date it occurred, the amount of reserve or indemnity paid and estimated expenses paid as respects the claim.



13. Has any insurer ever declined, cancelled, or refused to renew any similar insurance issued to your firm or any predecessor firm? Yes / No

If Yes, provide details.

14. Please specify your desired Limit options:

☐\$500,000 ☐\$1,000,000 ☐\$2,000,000 ☐\$3,000,000
☐\$5,000,000 ☐\$10,000,000 ☐ Other(specify)_____

15. Please specify your desired Excess options

☐\$2,500 ☐\$5,000 ☐\$10,000 ☐\$15,000
☐\$20,000 ☐\$20,000 ☐Other (specify)_____

16. Is any similar insurance held by your firm or any of the firms to be included in this application? Yes / No

If Yes, provide details.

Insurance Company	Limit	Excess	Premium	Renewal Date



B. Publishing Section

Complete this section only if you have publishing operations

1. Indicate percentage of each type of book published/distributed

Type	Percentage	Type	Percentage
Textbook	%	Social/Political	%
Classics	%	Fiction/Drama	%
Children's	%	Poetry	%
Current biography/autobiography	%	History	%
Religious	%	Technical	%
Other (describe)	%	Other (describe)	%

2. Is any material published on any website? Yes/No

3. Gross annual revenue from book publishing:

Publishing _____
Distribution _____
Subsidiary rights _____
Total 100% _____

4. Are book publications reviewed by:

in-house counsel _____
outside counsel _____
other (please describe) _____

5. Name of outside counsel: _____

6. Percentage of indemnification provided by author through publishing contract: _____

7. Attach current list of books published and a description of standard procedures for checking originality, works, accuracy or content, title clearance etc.



8. For those business periodicals/trade journals for which the applicant has published, please list below a sample of five published works:

Name of periodical		Date
1.		
2.		
3.		
4.		
5.		

9. List all newspaper and magazines that the applicant publishes:

Name	Location	Frequency of Circulation	Average Circulation

Attach list of additional publications not stated above.

10. Check primary circulation areas:

- ☐ National
☐ Suburban
☐ Regional
☐ Rural
☐ Metro
☐ Community
☐ Campus
☐ Other _____

11. Editorial procedures

- | | | |
|----|--|----------|
| A. | Is a law firm consulted with respect to media law? | Yes / No |
| B. | Are letters-to-the editor edited? | Yes / No |
| C. | Are written hold-harmless indemnity agreements executed with advertisers and advertising agencies? | Yes / No |
| D. | Does applicant firm engage in "investigative" reporting or exposes?
If yes, describe methods for documenting sources of information | Yes / No |



C. Broadcasters Liability Section

Complete this section only if you have broadcasting operations

1. Gross annual revenue from broadcasting services \$ _____

2. Radio Broadcasting

A. List stations owned or operated by applicant:

Call letters	AM/FM	Location	First Air Date	Advertising Rate per Hour	Highest 30 sec. Spot Rate

B. For each station, describe format or type of programming:

3. Television Broadcasting

A. List stations owned or operated by applicant, if any:

Call letters	Location	Date Licensed	First Air Date	Advertising Rate per Hour	Highest 30 sec. Spot Rate

B. Briefly describe station format or type of programming below:



4. Check off where applicable:

- ☐ Network affiliation (specify) _____
- ☐ Independent
- ☐ Public Broadcasting
- ☐ Educational
- ☐ Religious
- ☐ All news

5. **Programming Procedures**

- A. Is a law firm consulted with respect to media law? Yes / No
- B. Are news personnel familiar with current libel law? Yes / No
- C. Are written hold harmless indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? Yes / No
- D. Do news teams engage in "investigative" reporting? If yes, attach description of methods for documenting sources of information. Yes / No
- E. Are "action reporters" or similar consumer programmes broadcast or telecast? Yes / No
- F. Are talk shows and interview programs pre-taped or pre-recorded? Yes / No
- G. Is a delay device used during "call-in" or other live audience participation programming over radio stations or television productions? Yes / No
- H. Do television stations or productions use "mini-cams"? Yes / No
- I. Does any station produce programmes used by stations you do not own or operate? Yes / No
If yes, provide details of programming provided to others.
- J. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? Yes / No
If yes, attach copy of agreement.
- K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? Yes / No



D. Printing Services Section

Complete this section only if you have printing operations

1. Gross annual revenue from printing services: \$ _____
2. Indicate the percentage of gross receipts derived from each of the following:

a) Business and legal forms, including stationary	_____ %
b) Corporate or financial material (annual reports, prospectus, stock reports)	_____ %
c) Books	_____ %
d) Games of chance (i.e. chances, lottery tickets)	_____ %
e) Pamphlets or flyers	_____ %
f) Discount/rebate coupons	_____ %
g) Catalogues or Yellow page directories	_____ %
h) Wedding invitations, calling cards, other social announcements	_____ %
i) Computer graphics	_____ %
j) Other _____	_____ %
Total <u>100%</u>	
3. If the applicant performs services for games of chance, attach details of each type of game printed and a copy of the risk management controls employed.
4. Does the applicant engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes / No
If yes, attach details including specific contracts.
5. Does the applicant engage in the design of logos or trademarks for clients? Yes / No
If yes, attach details of (a) the number designed per year and (b) the risk management procedures employed.
6. Does the applicant engage in obtaining or providing mailing lists to clients? Yes / No
7. Does the applicant prepare bulk mailings for clients? Yes / No
8. Does the applicant require clients to approve all proof copies before printing? Yes / No



E. Marketing & Public Relations

Complete this section only if you have marketing and PR operations

- | | | |
|----|--|----------|
| 1. | Is a law firm consulted with respect to media law? | Yes / No |
| 2. | Do you engage in the design of logos and trademarks for clients?
If "yes", please attach a narrative describing the number designed per year and the procedures followed for trademarks/copyrights. | Yes / No |
| 3. | Do you engage in the obtaining or providing of mailing lists to clients? | Yes / No |
| 4. | Do you prepare bulk mailings for clients? | Yes / No |
| 5. | Do you require clients to approve and sign off all proof copies before printing? | Yes / No |
| 6. | Do internal procedures include obtaining defamation/slander/privacy clearance opinion letters? | Yes / No |
| 7. | Do you have a due diligence methodology/checklist for basic intellectual property clearances? | Yes / No |
| 8. | Do you have a written procedure for handling of intellectual property of others? | Yes / No |

Please Complete the Attached Declaration



Privacy

Pursuant to the **Privacy Act** 1993 the following is brought to your attention:

- (a) This form collects personal information about the employees and partners/directors of your firm/company.
- (b) The information is collected to evaluate the submission to AIG Insurance New Zealand Limited.
- (c) The intended recipient of the information is AIG Insurance New Zealand Limited.
- (d) The information is being collected and held by AIG Insurance New Zealand Limited.
- (e) The collection of this information is required pursuant to providing terms of your insurance cover.
- (f) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

Declaration

I/We hereby declare that the information and answers given in this proposal form are in every respect true and correct and that all information that may be material in considering this proposal form has been fully and accurately disclosed to AIG Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this declaration is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform AIG Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- I/We am/are obliged to advise AIG Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/we know (or could reasonably be expected to know) which could influence the judgement of AIG Insurance New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.
- Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.
- I/We have certain rights of access to and correction of this information.

For and on behalf of (insert name of Firm)

Signature of Principal or Director

Date

Signature of this form does not bind the firm or the insurer to complete the insurance



Bring on tomorrow

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