



Media Professions

Renewal Proposal

Media Professions **Renewal Form**

1. NAME(S) OF FIRM

(Please include the names any predecessors for whom cover is required):

2. ADDRESSES OF THE PRINCIPAL OFFICE

(Please list all other locations by Town, or County if overseas, and identify the supervising Partner/Director at each location. Please provide an appendix sheet if required):

PARTNER CONTACT:

E-MAIL:

WEB-SITE ADDRESS:

**TELEPHONE
NUMBER:**

FAX NUMBER:

3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:

(If Applicable)

REASON FOR CESSATION OF FORMER BUSINESS:

4. FULL DESCRIPTION OF BUSINESS ACTIVITIES

Please attach brochure(s) if available:

5a) RECENT CHANGES

During the last six years, has the name of the Firm(s) changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners? (i.e. departed, retired or deceased etc...)

YES NO

5b) NEW ACTIVITIES

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...

YES NO

If “YES”, please give details below:

6. GROSS FEE INCOME (or Turnover if applicable)

Please Advise (for new firms / start up’s, please estimate the expected fee income):

	Actual for <u>Last</u> Financial Year	Estimate for <u>Current</u> Financial Year	Estimate for <u>Next</u> Financial Year
UK	£	£	£
USA or Canada	£	£	£
Elsewhere excluding USA or Canada	£	£	£

Total	£	£	£
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Please state the date of your financial year end:

7. QUOTATIONS REQUIRED

If unsure, please contact to discuss or request "Please obtain various".

LIMIT OF INDEMNITY	£	£	£
EXCESS(ES)	£	£	£

PLEASE NOTE, IT IS IMPERATIVE THAT SECTION (a), (b) AND (c) OF QUESTION 8 ARE ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

8. CLAIMS & OR CIRCUMSTANCES

Where necessary, please provide details on an appendix sheet.

(a) CLAIMS: During the last ten years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

YES NO

If “**YES**”, please advise full details including amounts involved and settlement dates where appropriate.

Claims Paid
Claims Outstanding

- | | | |
|---|-----|----|
| <p>(b) CIRCUMSTANCES: Are any of the Partners / Directors / Principals AFTER ENQUIRY aware of any circumstances which may give rise to a claim against the Firm(s) or its Predecessors in business or its / their present or former Partners / Directors / Principles?</p> | YES | NO |
|---|-----|----|

If “**YES**”, please provide full details including amounts involved

(c) FIDELITY

- | | | |
|--|-----|----|
| <p>(i) Has the firm sustained any loss through fraud or dishonesty of any person?</p> | YES | NO |
| <p>(ii) Does the firm know of any fraud or dishonesty of any present or former Partner/Director or employee?</p> | YES | NO |

If “**YES**”, please advise details and explain the precautions taken to prevent recurrence below:

Important

Your personal data may be processed and held by us in our capacity as data controllers in order for us to write and administer your policy and to assist in the claims handling process in accordance with applicable data protection laws. To read our data privacy policy in full and for more information about your data protection rights, please visit our website at: <https://www.barbicanprotect.com/cookies-privacy-policy/>.

DECLARATION

We hereby declare that to the best of our knowledge and belief the foregoing particulars and statements represent a fair presentation of the risk we are seeking to insure.

We hereby undertake to declare any material alterations or amendments to the foregoing particulars and statements which occur prior to the commencement of the contract of insurance.

Signed:

For and on behalf of:

Date:

MEDIA PROFESSIONS

1. DISCIPLINE PROFILE

Please advise split of gross fee income received in the last complete financial year:

a)	Commercial TV		
	i)	Production of advertisements	<input type="text" value="£"/>
	ii)	Media spend (whether purchased by you or by a media independent relative to your creative work)	<input type="text" value="£"/>
b)	Other Media		
	i)	Production of advertisements	<input type="text" value="£"/>
	ii)	Media spend (whether purchased by you or by a media independent relative to your creative work)	<input type="text" value="£"/>
c)	Printed Literature/Documents		<input type="text" value="£"/>
d)	Direct Marketing		
	i)	Mail shots	<input type="text" value="£"/>
	ii)	Postage costs	<input type="text" value="£"/>
	iii)	Telemarketing	<input type="text" value="£"/>
	iv)	Database Management and List Broking	<input type="text" value="£"/>
e)	Sales Promotion		<input type="text" value="£"/>
f)	Marketing (Including all Market Research)	Fees	<input type="text" value="£"/>
		Production costs	<input type="text" value="£"/>
g)	Public Relations	Fees	<input type="text" value="£"/>
		Production costs	<input type="text" value="£"/>
h)	Human Resources	Fees	<input type="text" value="£"/>
i)	Specialist Design (NB this insurance is not normally suitable for Interior or Product Designers)		
	i)	Graphic Design	
		Fees	<input type="text" value="£"/>
		Production costs	<input type="text" value="£"/>
	ii)	Corporate Identity	
		Fees	<input type="text" value="£"/>
		Production costs	<input type="text" value="£"/>
j)	Web Design		<input type="text" value="£"/>
k)	Others. Please specify:		<input type="text" value="£"/>
	<input type="text"/>		

2. PROJECT PROFILE

Please list the three largest projects during the last three years:

Start Date	Brief Description	Contract Value	Firm's Fee	Completion Date
		£	£	
		£	£	
		£	£	