



# Media

Application form  
United Kingdom

## INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

## HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## SECTION 1: COMPANY DETAILS

- 1.1 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:

Insured company:	
Contact name:	
Address:	
Postcode:	
Telephone:	Email address:
Fax:	Website:

- 1.2 Please state when your company was established:

DD / MM / YY

*Please answer question 1.3 only if you require Employers' Liability cover.*

- 1.3 a) Please state your Employer Reference No. (ERN):

- b) Do you have any subsidiaries in the UK?

Yes  No

If 'yes', please complete the Supplementary Information section at the back of this proposal form.

- 1.4 a) How many directors / officers / partners are there in the company?:

b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c) Please state the number of employees:

1.5 Please state the following:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic turnover:	_____	_____	_____
USA turnover:	_____	_____	_____
Other territory turnover:	_____	_____	_____
Total turnover:	_____	_____	_____
Gross profit:	_____	_____	_____
Payroll:	_____	_____	_____

Date of financial year end:

Currency:

## SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:

*If you have a brochure, or company literature, please attach to this form.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

2.3 Do your activities include event or conference organising?  Yes  No

If 'yes', please provide details of the type of events organised below:


2.4 Do your activities include filming on location in an area to which the public have access?  Yes  No

If 'yes', please provide details below:


2.5 Do your activities include rigging or set construction?  Yes  No

If 'yes', please provide details below:


2.6 Do any of your employees engage in manual work?

Yes  No

If 'yes', please state the percentage of your overall payroll that relates to manual work:

2.7 Do any of your employees work at a height in excess of 10 metres?

Yes  No

If 'yes', please provide more details below:

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2.8 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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

2.9 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data?

Yes  No

2.10 Do you have a privacy policy 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 below:

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2.11 Do you have a specific policy for managing all “opt-in”/ “opt-out” marketing requests?

Yes  No

If ‘no’, then please explain:

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2.12 Do your internal IT systems comply with all of our minimum security requirements detailed below?

Yes  No

- Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If ‘no’, then please explain:

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2.13 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.*

2.14 Please detail which of the following data types you collect:

Credit or debit card details

Yes  No

Social security numbers

Yes  No

Credit history or ratings

Yes  No

Medical records or health information

Yes  No

Customer bank records or details

Yes  No

Third party corporate confidential data

Yes  No

**SECTION 3: CONTRACT INFORMATION**

Only complete this section if you require Professional Liability cover.

3.1 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 your work undertaken for this contract	Your annual income from this contract	Start Date	Completion date
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY

3.2 Approximately how many clients do you have?

3.3 Do you carry out work only under a written contract signed by every client?

 Yes  No

*Please supply a copy of your standard form of contract, or typical examples of contracts used.*

If 'no', please explain in what circumstance and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.4 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.5 What approximate percentage of your turnover, in your current financial year, will be paid to sub-contractors?

 %

3.6 Do you ensure that sub-contractors have their own public liability and professional liability insurance?  Yes  No

If 'no', please explain how you limit your exposure?

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

If 'no', who signs off the contract?

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

SECTION 4: PUBLISHING ACTIVITIES & RISK MANAGEMENT

4.1 Please list all of your current publications:

Name	Geographical distribution*	Date first published	Average circulation	Frequency of publication
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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

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

If 'yes', please provide details:

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4.3 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

If you have answered 'no' to any of the above, please explain why:

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4.4 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?

If 'no', please explain why:

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4.5 Do you obtain written releases with 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

4.6 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:

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

4.8 Is all advice adhered to?

Yes  No

If 'no', please explain under what circumstances:

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4.9 Do you have written procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content, including website content?

Yes  No

4.10 Do you engage in comparative advertising?

Yes  No

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

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4.11 Do you trademark your proprietary products?

Yes  No

If 'no', please explain why:

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4.12 Do you engage 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

4.13 Do you ensure that all sensitive data is encrypted while standing and during transmission?

Yes  No

4.14 Do you outsource the handling of sensitive data to any third party?

Yes  No

**SECTION 5: PROPERTY & BUSINESS INTERRUPTION INSURANCE**

Only complete this section if you require this cover.

5.1 Please state the address of the premises to be insured (if different from the address given earlier):

<p>PREMISES 1</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p>
<p>PREMISES 2</p> <p>Address: _____</p> <p>_____</p> <p style="text-align: right;">Postcode: _____</p>

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

5.2 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:

<p>Name of party: _____</p> <p>Interest of party: _____</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p>
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5.3 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d) In a good state of repair?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e) Self contained with a lockable entrance door?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f) Protected by an intruder alarm that is subject to an annual maintenance contract?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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.*

- g) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- j) 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:

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## SECTION 6: INSURANCE REQUIREMENTS

6.1 Please provide details of your current or required insurance policies (unless you are already insured with CFC):

Type of insurance	Inception/ expiry date	Limit of liability	Excess	Premium	Insurer	Retroactive date (if known)
Media Liability:	MM / YY					MM / YY
Professional Indemnity:	MM / YY					MM / YY
Cyber/Privacy Liability:	MM / YY					MM / YY
Employers' Liability:	MM / YY					N/A
General Liability:	MM / YY					N/A
Property:	MM / YY	N/A				N/A

6.2 Please detail the amounts to be insured below for each premises (complete only if you require property cover).

*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 contents wherever located <sup>1</sup> :		

<sup>1</sup> Please list any alternative locations in question 5.1

6.3 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:  %

6.4 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 contents:

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

6.5 Please detail the amounts to be insured below for Business Interruption cover (complete only if you require this 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, costs and expenses, loss of research and development expenditure, project delay costs or outstanding debts. 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):	_____	_____

**SECTION 7: CLAIMS EXPERIENCE & INSURANCE HISTORY**

Regarding all of the types of insurance to which this proposal form relates AFTER FULL ENQUIRY:

- 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, or
- e) has there ever been an unforeseen outage to your website for more than 3 hours?

With reference to questions a, b, c, d and 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 or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 8: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	_____	Full name:	_____
Position held:	_____	Date:	DD/ MM / YY _____

SUBSIDIARY 1	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 2	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 3	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 4	
Company name:	ERN:
Address:	
Postcode:	

*If you have more than 4 subsidiaries please continue your response in the Additional Information section.*

ADDITIONAL INFORMATION: