

ADVERTISING AGENCY/MEDIA CONSULTING SUPPLEMENT
 Forming part of the Professional Liability Application

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_____ |
 Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Public Relation	_____ Percentage	
Publishing	_____ Percentage	
Production of films, Radio or Television Programs	_____ Percentage	
Photo Service	_____ Percentage	
Promotions/Sweepstakes Development	_____ Percentage	TOTAL should equal 100%
Broadcasting	_____ Percentage	
Mail Order or Catalog Sales	_____ Percentage	
Package/Display/Product Design	_____ Percentage	
Music Service	_____ Percentage	
Market Research	_____ Percentage	
Other _____ Describe	_____ Percentage	

Provide the percentage of your firm's modes of advertising and gross revenue from the last fiscal period attributable to the following:

Radio	_____ Percentage	
Television	_____ Percentage	
Telemarketing	_____ Percentage	
Banner Advertisements	_____ Percentage	
Public Service Announcements	_____ Percentage	TOTAL should equal 100%
Internet/Website	_____ Percentage	
E-Mail	_____ Percentage	
Direct Mail	_____ Percentage	
Magazines	_____ Percentage	
Cable	_____ Percentage	
Other _____ Describe	_____ Percentage	

Does your firm provide any services other than Advertising e.g., Market research, Product Testing etc.? Yes No

Does your firm design logos and/or trademarks? Yes No

If Yes, please describe your legal review procedures for clearing trademarks/copyrights.

Does your firm produce political advertisements? Yes No

If Yes, please provide full description.

Do you retain the rights to completed advertisements? Yes No

If Yes, please provide details.

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generated from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue

Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you utilize the services of independent contractors or sub-consultants? Yes No

Approximate percentage of billing attributable to sub-contractors/consultants? Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No

If yes, what limits?

How long do you keep your customers information/documentation on file? Years

 Print Name and Title

 Signature of Applicant or Authorized Representative

DATE: