



[Professional Liability]

PROSURE MEDIA LIABILITY APPLICATION



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PROSURE MEDIA LIABILITY APPLICATION

Errors & Omissions, General Liability, Cyber

PART 1 GENERAL INFORMATION

Broker: _____ Contact Person: _____ Tel: _____

Name of Applicant: _____

Mailing Address: _____ Postal Code: _____

PART 2 COMPANY DETAILS

Please provide the following details (including all trading names and subsidiaries):

Name	Date Established
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Address(es) of all Companies (including subsidiaries and postal codes):

Please supply details of all principals, directors, partners:

Name	Qualifications	How long with Company?
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Please state total numbers of:

Principals, Directors, Partners: _____ Qualified Staff: _____ Administration: _____ Others: _____

Do you currently have an Errors and Omissions policy in place? Yes No

If YES, please provide: Renewal Date: _____ Limit of Liability: \$ _____ Retroactive Date: _____

Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organization? Yes No

If YES to above, please provide details of the nature of the association, together with the name of the business and activities undertaken.

Do you use Subcontractors? Yes No

If YES, what percentage of your Gross Revenue was paid to sub-contractors in the last financial year? _____ %

What is the nature of work undertaken by sub-contractors?

Do you require coverage for them under this policy? Yes No

Are sub-contractors required to carry errors and omissions insurance to a similar limit? Yes No



If NO, please provide details why not below:

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Financial year end date (DD/MM/YYYY):	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Total Gross Revenue including fee income:	\$	\$	\$
Estimated percentage split of your Gross Revenue including fee income for:			
Work carried out for Canadian clients:	%	%	%
Work carried out for US clients not subject to US law:	%	%	%
Work carried out for US clients subject to US law:	%	%	%
Work carried out for clients anywhere else in the world:	%	%	%
Operating profit:	\$	\$	\$

PART 3 BUSINESS ACTIVITIES

Split of Gross Revenue including fees in the last complete financial year. If a new start-up, please anticipate your figures:

Marketing consultancy	%
Market research	%
Digital marketing	%
Direct marketing	%
Telemarketing	%
Creation of content for advertisements	%
Design of printed literature and documents	%
Media buying / placement	%
Sales promotion	%
Graphic design	%
Corporate identity / brand consultancy	%
Creative consultancy	%
Public relations	%
Exhibition, conference design	%
Shop, point of sale design	%
Database management / list broking	%
Post production	%
Illustration and animation	%
Photography	%
Printing for third parties	%
Other work – details below	
	%
	%
	%
Total (100%):	

Is there a structured process or procedure in place to ensure that your work does not infringe a third party's intellectual property rights and that you obtain all appropriate licenses or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content? **If NO, please explain why not below:**

Yes No

Do you use internal or external lawyers for clearance advice?

Yes No

If NO to above, please provide further details below:

Please give details of your three largest contracts in the last five financial years (give details of current projects if new start-up):

Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Second Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	
Third Largest Contract:	
Start and end dates:	
Nature of contract:	
Name and business of client:	
Total contract value:	
Income to you:	

If you send marketing communications to consumers including post, email, telephone or text, do you always obtain or verify explicit consent (opting in) from each individual before these communications are sent?

Yes No N/A

If NO to above, please explain:

Does your business process, transact or store any personal data as defined under consumer data protection law, or any other legal protection for personal data?

Yes No

If YES, please confirm how many personal data records you process, transact or store annually:

#



Do you carry out any printing activities for 3rd parties? Yes No

If YES, what is your largest contract (by number of pieces printed)?

What is the total cost of your largest print contract? \$

Does any of your printing involve medical records, personally identifiable records, government records or financial information? **If YES, please provide details below:** Yes No

Do you always obtain final sign-off from Client before going to print? Yes No

Do you carry out any direct marketing or sales promotion work? Yes No

If YES to above, do you carry out any mailings? Yes No

IF YES:

What is your largest mailing (by number of pieces printed)? #

What is the total cost of your largest mailing project? \$

Do you undertake 100% mailings (contracts where 100% of the client database must receive the mailing)? Yes No

If YES, please provide details of the nature of the mailing(s) and client(s): Yes No

What percentage of your mailings are 100% mailings? %

Do you produce and commercials or promotional films? Yes No

If YES to above, how is this split into the activities listed below:

Production of advertisements for commercial TV: %

Production of advisements for cinema: %

Production of promotional / information / corporate videos: %

Production of music videos: %

Others (please specify): %

Total (100%)

PART 4 RISK MANAGEMENT

Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

Above what amount do payments require at least a two-stage sign-off? Yes No

Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If YES, to above:

Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

What steps have you taken to ensure that the transaction has been completed successfully?

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

* If YES to above, please supply a copy of your standard form of contract, or otherwise a typical example of contract used.

If NO, are all contracts vetted by a legally qualified person before being agreed? Yes No

When entering into contracts do you always:

a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? Yes No

b. Cap your overall liability at a reasonable level? Yes No

c. Work to a written specification with your clients outlining the scope of each job? Yes No

d. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If NO, to any of the above, please explain why:

Do you commit clients to contracts with third parties? Yes No

If YES, do you always obtain clients written acceptance of the terms of contracts before committing them? Yes No

If written acceptance is NOT obtained, please provide details as to why not or in what circumstances this might not happen:

Do you conduct any marketing material campaigns involving communications to consumers, including by post, e-mail, telephone or SMS? Yes No

If YES, do you have appropriate policies and procedures in place to ensure that specific consent has been obtained or verified in compliance with relevant data protection legislation? Yes No

If NO, please explain why not:

Does your business obtain, record, store or otherwise process any personal data as defined under any relevant data protection legislation? Yes No

If YES, please confirm:

How many personal data records are processed annually? #

What proportion of data records processed contain a highly sensitive element (for example, banking account number, debit/ credit card number, health information, passport number)?

Do you adhere to and comply with the prevailing Canadian data security law where relevant? Yes No

Do you sell or share personally identifiable data with third parties?

Yes No

If YES, please confirm that you obtain explicit consent from all relevant parties prior to such data being sold or shared:

Has any proposal for similar insurance made on your behalf, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? **If YES, please confirm details below:**

Yes No

Is there any other information that you consider material to the insurance required? **If YES, please provide details below:**

Yes No

For what limits of indemnity are quotations required?

\$250,000 \$500,000 \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other:

PART 5 CLAIMS

In respect of any of the risks to which this application relates:

a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

Date of claim/loss (DD/MM/YYYY)	Brief details of each claim/loss:	Total cost of claim/loss paid	Estimated total cost of claim/loss:
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

c. What steps have been taken to prevent a reoccurrence?

Are you, after full inquiry:

d. Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners? Yes No

e. Aware of any shortcoming in your work for a client which is likely to give rise to a claim against you? This includes:

i. A shortcoming known to you, but not your client, which you cannot reasonably put right? Yes No

ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? Yes No

iii. An escalating level of complaint from your client on a particular project? Yes No

iv. A client withholding payment due to you after any complaint? Yes No



If **YES** to any of the above, please provide details:

Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

PART 6 GENERAL LIABILITY

Only complete if GCL required, if not required, please tick here:

Do you undertake any work of a manual nature (such as installation, construction, alteration, maintenance or repair work), either through your own direct employees or through any subcontractors engaged by you? (For the avoidance of doubt, this does NOT include the installation of IT hardware or software but DOES include the type of work expected of an electrical contractor e.g. re-wiring an office). **If YES, please provide details below:** Yes No

Do you manufacture any products or do you supply any products that are manufactured by others? (This is not applicable to Technology Consultants or Technology Contractors, unless the failure of the product to perform its intended function could result in loss of life, bodily injury or destruction of or damage to physical property): **If YES, please provide details below:** Yes No

Do you carry out any work in the USA and if so, does this represent more than 20% of your total Gross Revenue? **If YES, please provide details below:** Yes No

Do you perform work above two stories in height (other than interior remodeling)? Yes No

If YES, what percentage of your Gross Revenue	%	Maximum Height:	(in meters)
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Do you perform any work below ground level? Yes No

If YES, what percentage of your Gross Revenue:	%	Maximum Height:	(in meters)
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Have you or will you perform work in connection with: gas stations, refineries, chemical plants, airports, public utilities, railroads, or hospitals? **If YES, please provide details:** Yes No

Have there been any Liability claims made against you in the last 5 years? **If YES, please detail below:** Yes No

PART 7 CYBER EXTENSION

Only complete if cyber extension required. If **NOT REQUIRED**, please tick here:

Please provide a financial value for your IT network (including but not limited to hardware, software, cabling and firmware): \$

Please estimate the total number of Personally Identifiable Information records, including employees and customers, that your company holds: #

Note: *Personally Identifiable Information relates to records/data that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.*

Do you see any of the above changing substantially in the next 12 months? **If YES, please provide details below:** Yes No

Please highlight which bands of Personally Identifiable Records you hold:

- | | | |
|-----------------------------|---|--|
| Low Sensitivity | e.g. name, email address | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Moderate Sensitivity | e.g. home address, protected health information, telephone numbers, insurance policy number, date of birth, individual tax number, driver's license number, passport number | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High Sensitivity | e.g. banking or saving account number, debit card number, credit card number | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please estimate what proportion of the total number of Personally Identifiable Information records which you hold that include a High Sensitivity element: %

How fast are you likely to incur a loss of profit as a result of an IT network compromise and a total system downtime?

- Level 1:** 48 hours+ **Level 2:** 24 - 48 hours **Level 3:** 12 - 24 hours **Level 4:** 1 - 12 hours **Level 5:** Immediately

In the event of your IT network being subjected to a non-scheduled closure and total downtime, please estimate your maximum daily loss of profit (net profit before tax): \$

Do you have a disaster recovery plan which protects you against any sudden or unexpected failure of your IT network and security breach/data compromise? Yes No

If NO, please advise how you would deal with such an event in a time critical manner:

if YES, please advise:

- a. Is the backup system managed by a third party? Yes No
- b. How regularly is it tested?
- c. When was it last tested?
- d. How long did it take to switch to this back up system?

In addition to the previous questions, please confirm that you are able to comply with the statements made below. If, for whatever reason, you are unable to confirm compliance with the below statements, please provide an explanation to accompany this signed and dated document. Signing of the Declaration will constitute compliance with the below statements.

Cyber Extension Statement of Fact

- a. You have a Chief Security Officer (CSO) or someone responsible for data security.
- b. You adhere to and comply with the following data security law where relevant: the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial Acts and regulation, and in the United States, "non-public personal information" as defined in the Gramm-Leach Biley Act of 1999, or as amended; Payment Card Industry (PCI) Data Security Standards.
- c. If the data held is medically related, you comply with the 'protected health' information as defined in the provincial legislation in Canada, or, in the United States, the Health Insurance Portability and Accountability Act of 1996, as amended.
- d. You ensure that all Personally Identifiable Information records are backed up and held at a secondary location.
- e. You have firewalls protecting all external IT network gateways.
- f. You use encryption tools to ensure the integrity and confidentiality of all Personally Identifiable Information records including those on removable media.
- g. You use anti-virus software and anti-spyware.
- h. You have a vulnerability assessment program that monitors for IT network security and data security breaches and ensures timely updates of antivirus and anti-spyware signatures and critical security patches.
- i. You have an internet and email usage policy written into all employment contracts which is clearly communicated to all employees.
- j. You implement a data protection policy for the handling of data including Personally Identifiable Information records which is clearly communicated to all employees.
- k. All Personally Identifiable Information records, including those contained in a physical form (paper, disks, CDs, hard drives), disposed of or recycled by a confidential and secure means which is recognized throughout the organization.
- l. You have a privacy policy on your website.
- m. You have a specific policy for managing all 'opt-in'/'opt-out' marketing requests including the use/storage of cookies on browsers system/device.
- n. You have a procedure for responding to allegations that content created, displayed or published is libelous, infringing intellectual property rights, or in violation of a third party's privacy rights.
- o. You have a "take-down" policy which allows you remove any third-party content applied to any of your message boards, chatrooms or forums on your websites (including websites you may host for third-parties).
- p. You obtain written warranties and indemnities from third parties for content they have created for you (including advertising agents).
- q. Your business has never been declined for a Cyber and Data Security insurance policy, or had an existing policy cancelled.
- r. You have never experienced an event that did or may have given rise to a claim or circumstance under a cyber and data security policy, including but not limited to hacking incident, virus or malicious code attack, cyber extortion attempt, breach of secure data, wrongful disclosure of personal data or interference with rights of privacy?

AGREED

NOT AGREED (If **NOT AGREED**, please provide further information below or in a separate document accompanying this application)

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature:

Position:

Please print name:

Date:

BROKER DECLARATION

How long have you known this Applicant?

Is this account new or renewal to you?

Have you personally viewed the Applicant's operations?

What is the condition of facilities and equipment?

What is the applicant's attitude toward risk management and insurance?

Do you recommend this Applicant?

Broker's Signature:

Position:

Please print name:

Date: