

Media companies



Insurance application form

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

7.7			· ·	over is also provided for the subsidiaries ers to all of the questions in this form.
	Company name:			
	Primary Address (Address, Pro	vince, Postal Code, Country):		
	Website Address:			
	Social media handle(s):			
1.2	Date the business was establ	ished (DD/MM/YYYY):		
1.3	Number of employees:			
1.4	Date of company financial year end (DD/MM/YYYY):			
7.5 Please state your gross revenue		ue in respect of the following yea	ars:	
		Last complete FY	Estimate for current FY	Estimate for next FY
	Domestic revenue:	\$	\$	\$
	USA revenue:	\$	\$	\$
	Other territory revenue:	\$	\$	\$
	Total gross revenue:	\$	\$	\$
	Profit (Loss):	\$	\$	\$
1.6	Please provide details for the	primary contact for this insurance	ce policy:	
	Contact name:		Position:	
	Email address:		Telephone number:	

Section 2: Activities

2.7 Please describe below the products and services supplied by your business:





2.2	Please provide an approximate percentage breakdown of h	now your revenue	is generate	ed from your products and servi	ces:
				·	%
					%
					%
					%
					%
2.3	If you indicated in 2.2 above that you organize events or cor	nferences, please	state:		
	a) the largest event or conference you have organized, inclu	uding the number	r of people	who attended:	
	b) the average number of events or conferences you organi	ize per year:			
2.4	Please state whether you construct or erect any structure of	or provide any inst	tallation se	rvices: Yes No	
2.5	Please state the following:				
	a) the maximum height you will be working at:				
	a) the maximum depth you will be working to:				
3.1	Please complete the following in respect of your three large Name of client Nature of work	Annual contr		Annual contact income	Duration
		\$		\$	
		\$		\$	
		\$		\$	
3.2	Do you always carry out work under a written contract sign	ned by every client	t? Yes	No	
	If 'no' please explain in what circumstance and why:				
3.3	Please state whether you ever accept contracts with your c	customers in whic	ch you acce	pt 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 th	nis is applicable to	o and what	these are capped at:	
3.4	Please state whether your contracts are legally reviewed:	Yes No			





3.5	Please state whether you:
	a) obtain written releases from the creator of any material and/or any persons appearing in content before it is disseminated: Yes No
	b) have a written procedure for ensuring all appropriate licensing fees relating to music are paid before content is
	disseminated: Yes No
	c) always receive sign off from your end client on your deliverables: Yes No
3.6	Do you employ subcontractors? Yes No
	If 'yes', please state:
	a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):
	b) whether you sign reciprocal hold harmless agreements: Yes No
	c) whether you ensure that contractors have their own errors and omissions and general liability insurance: Yes No
	If you answered 'yes' to c) above, what is the limit of liability that subcontractor must purchase?
Sec	tion 4: Publishing
4.1	Please list all of your current publications:
	Title Geographical distribution Average circulation/ readership Frequency of publication
4.2	If your activities include investigative journalism, including any exposé content, please describe your legal process, if any, to review the content before its dissemination:
4.3	Please describe how, if at all, you:
	a) ensure accuracy and originality of all content you disseminate, including authenticity of source:





	b) process unsolicited submissions:	
	c) clear the titles of all content before you disseminate it:	
4.4	In respect of 4.3 a) above, please state whether you always obtain written warranties from third party news gathering sources: Yes No	
4.5	Please state whether you use a media and entertainment specialist lawyer for the clearance of content before its dissemination: Yes No	
	If 'yes' please state below the name of the individual and the firm used:	
4.6	Please describe your legal review process, if any, to clear all content before its dissemination:	
<i>4.7</i>	Please state whether you have ever disseminated content against the advice of your lawyer: Yes No	
4.8	Please state the name of your chief editor and explain how they are qualified for the role:	
,,,,		
4.9	Please describe the editorial controls you have in place, including content review and takedown procedures:	
Sec	tion 5: Cyber Security Risk Management	
Only	complete this section if you require cyber and privacy cover.	
5.7	Please confirm whether multi-factor authentication is always enabled on all email accounts: Yes No	
5.2	Do you maintain daily offline back-ups of all critical data? Yes No	
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Section 6: Claims Experience

6.7	Please state whether you are aware of any incident or circumstance:			
	a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No			
	b) which resulted in legal action being made against any of the companies or individuals to be insured within the last 5 years: Yes No			
	c) which resulted in cease and desist orders being made against you: Yes No			
	d) which resulted in an unforeseen outage to your website for more than 3 hours: Yes No			
	e) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No			
	f) which resulted in a loss of data and privacy breach: Yes No			
	If 'yes' to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved and overview of any penalties incurred.			
Sect	tion 7: Additional Information			
7.1	Please use this space below to provide us with any other relevant information:			





Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact nam	ne:	Position:
Signature:		Date (DD/MM/YYYY):