Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

General information

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

Name	Date of establishment
Website address	

2. Address/es, including postcode/s for all subsidiaries:

3. Please supply details of all principals, directors, partners:

Name	Qualifications	How long with the company

4. Please state total numbers of:

Principals, directors, partners	Creative staff	Administration	Others

5. Please state the name of any professional body or trade association of which you are a member:

Professional body		
Trade association		

If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken:	6.	Do you currently have a professional indemnity policy in place?	□ Yes	□ No
Name of your broker Renewal date Limit of indemnity Imit of indemnity Premium Excess Retroactive date Imit of indemnity 7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? Imit of the second	lf YI	ES, please provide:		
Renewal date Limit of indemnity Premium Excess Retroactive date 7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken: 8. Do you use consultants / sub-contractors? If YES: a. What percentage of your turnover / fee income was paid to them in the last financial year? % b. What was the nature of the work undertaken?	Nan	ne of current insurers		
Limit of indemnity Premium Excess Retroactive date 7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken: 8. Do you use consultants / sub-contractors? 1 Yes 1 YES: 2. What percentage of your turnover / fee income was paid to them in the last financial year? 5. What was the nature of the work undertaken? 2. Do you require cover for them under this policy? 2. Do you require cover for them under this policy? 3. Do you require cover for them under this policy? 3. Do you require cover for them under this policy? 4. Do you require cover for them under this policy? 5. Do you require cove	Nan	ne of your broker		
Premium Excess Excess Retroactive date 7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? □ Yes If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken: □ Yes 8. Do you use consultants / sub-contractors? □ Yes □ If YES: a. What percentage of your turnover / fee income was paid to them in the last financial year? % b. What was the nature of the work undertaken? □ Yes □ c. Do you require cover for them under this policy? □ Yes □ □	Rer	newal date		
Excess Image: Second secon	Lim	it of indemnity		
Retroactive date 7. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, company or organisation? □ Yes □ If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken: □ Yes □ 8. Do you use consultants / sub-contractors? □ Yes □ Yes □ If YES: a. What percentage of your turnover / fee income was paid to them in the last financial year? % % b. What was the nature of the work undertaken? □ Yes □ c. Do you require cover for them under this policy? □ Yes □	Pre	mium		
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business and activities undertaken: 8. Do you use consultants / sub-contractors? If YES: a. What percentage of your turnover / fee income was paid to them in the last financial year? % b. What was the nature of the work undertaken? c. Do you require cover for them under this policy? If Yes	7.		□ Yes	□ No
If YES: a. What percentage of your turnover / fee income was paid to them in the last financial year? % b. What was the nature of the work undertaken? c. Do you require cover for them under this policy?				
 a. What percentage of your turnover / fee income was paid to them in the last financial year? % b. What was the nature of the work undertaken? c. Do you require cover for them under this policy? Yes	8.	Do you use consultants / sub-contractors?	□ Yes	□ No
 b. What was the nature of the work undertaken? c. Do you require cover for them under this policy? 	lf YI	ES:		
c. Do you require cover for them under this policy?	a.	What percentage of your turnover / fee income was paid to them in the last financial year?	%	6
	b.	What was the nature of the work undertaken?		
d. Do you require them to carry professional indemnity insurance to a similar limit?	c.	Do you require cover for them under this policy?	□ Yes	□ No
	d.	Do you require them to carry professional indemnity insurance to a similar limit?	□ Yes	□ No
If NO to 8d, please provide details as to why not:	lf N	O to 8d, please provide details as to why not:		

9. Please complete the following:

a. Financial year end date: / / 20

	Previous	Last complete	Current	Estimate
b. Total turnover / fee income:	£	£	£	£
c. Estimated percentage split of your turnover / fee	income for:			
Work carried out for UK clients	%	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%	%
Work carried out for clients anywhere else in the world – please give details of where	%	%	%	%
Operating profit	£	£	£	£
d. Do you enter into contracts that are not subject t	to UK / EU law?	I		Yes □N

Business activities

10. Split of turnover including fees in the past year or if a new firm your anticipated figures:

Conference organisers	£
Exhibition organisers	£
Event Management	£
Production of corporate / promotional videos	£
Printed literature / documents	£
Marketing consultancy including digital marketing	£
Market Research	£
Graphic Design	£
Corporate identity and brand development	£
Photography / Videography	£
Creative Consultancy	£
Other work, please give details	£
Total turnover including fee income*	£
*Please note this figure should be as per answer to question 9b for the last complete year	

11. If any income declared in question 10 involves installation work (temporary or permanent) complete this question. If not, please go to question 12.

a. Please break your turnover down as follows

		Last fin	ancial year	Current fina	ncial year est.
		UK	Overseas	UK	Overseas
i.	Turnover where the firm designs and constructs / installs from its own design and provides full technical supervision				
ii.	Fees where the firm provides design and technical services only (i.e. no construction or installation is undertaken by the firm)				
iii.	Fees where the firm provides project management or supervision of construction / installation services only (i.e. no construction / installation is undertaken by the firm)				
iv.	Turnover where the firm constructs / installs from others' design performed on behalf of the firm (i.e. where there is contingent design liability)				
v.	Turnover where the firm constructs / installs from others' design and others' technical supervision				
vi.	Other turnover not mentioned above (please give details) - these activities will not normally be covered				
	TOTAL				
b.	If no turnover is declared in i. ii. or iii. above, have you e design liability?	ver in the past u	ndertaken contracts	s with 🗆 Y	″es □N

c. Does the turnover declared in 11a vi. relate to any advisory or design services?

If **YES**, please provide details:

12. 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 date			
Nature of contract			
Name and business of client			
Total contract value			
Income to you			
13. Are you responsible for manage?	the health and safety at any of the events you organise or	□ Yes	🗆 No
-			
If YES , please provide details			

14.	Are you responsible for the organisation or management of any stewarding activities or any events involving alcohol or children?	□ Yes	□ No
lf ye	E S , please provide details		
15.	Are you involved in organising or managing events where there are any dangerous activities e.g. fireworks, pyrotechnics, inflatables, bungee jumping.	□ Yes	D No
lf ye	ES, please provide details		

16. Do you have 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 licences or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content?

If you have standard written procedures, please attach a copy.

Risk management

17.	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
18.	Above what amount do payments require at least a two-stage sign-off?	£	
19.	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
lf Y	ES:		
a.	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
b.	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
C.	What steps have you taken to ensure that the transaction has been completed successfully?		

20. When entering into contracts please confirm:

a.	You carry out work only under your standard contract, signed by every client?	□ Yes	□ No		
b.	All contracts are vetted by a legally qualified person before being agreed?	□ Yes	□ No		
lf f	If NO , please provide details as to why not:				

21. Do you:

a.	Always have a written specification with your clients for each job, which includes campaign details, volume, quality, timings and sign off procedures?	□ Yes	□ No	
b.	Always report all deviations to the above contract specification?	□ Yes	□ No	
C.	Always use a purchase order, or equivalent, when employing subcontractors which mirror any client obligations for each contract?	□ Yes	□ No	
d.	Always obtain final client sign off before going to print?	□ Yes	□ No	
lf N	If NO , please provide details:			

22.	Do you commit clients to contracts with third parties?	□ Yes	□ No
	YES, do you always obtain clients written acceptance of the terms of contracts before ommitting them?		🗆 No
lf N	D , please explain why not:		
23.	Does your business obtain, record, store or otherwise process any personal data as defined under the General Data Protection Regulations (GDPR) / Data Protection Act 2018?	□ Yes	□ No
	If yes, please confirm;		
	a. How many personal data records are processed annually		
	 What proportion of data records processed contain a highly sensitive element (e.g. banking or saving account number, debit card number, health information, passport number) 		
24.	Are you involved in any 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 appropriate consent has been obtained or verified in compliance with the GDPR/Data Protection Act 2018, the Privacy and Electronic Communications Regulations 2003 and other applicable legislation?	□ Yes	□ No
25.	Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data?	□ Yes	□ No
	If no, please provide further details		
26.	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?	□ Yes	□ No
27.	Is there any other information that you consider material to the insurance required?		
lf YI	E S , please provide details:		

28. For what limits of indemnity are quotations required?

□ £250,000	□ £500,000	□ £1,000,000
□ £2,000,000	□ £5,000,000	□ £10,000,000

Claims

29. 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

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

Brief details of each claim / loss	Total cost of claim / loss paid	Estimated total cost of claim / loss
	Brief details of each claim / loss	

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

30. Are you, after full enquiry:

a.		of any circumstance which is likely give rise to a claim or loss against you, any essor or any past or present principals, directors, partners?	□ Yes	□ No
b.		of any shortcoming in your work for a client which is likely to give rise to a claim t you? This includes:	□ Yes	□ No
	i.	A shortcoming known to you, but not your client, which you cannot reasonably put right?		
	ii.	A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?		
	iii.	An escalating level of complaint from your client on a particular project?		
	iv.	A client withholding payment due to you after any complaint?		
lf Y	ES to a	ny of the above, please provide details:		

31. 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?

If **YES**, please provide details:

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

Signature of principal / director / partner:

Date: