



## Proposal Form

# Multimedia Professional Indemnity Insurance

### Important Notes:

- (i) You are advised to take particular care when answering the questions in the Proposal and it is recommended that enquires are made of all staff, solicitors and other qualified staff.  
***Failure To Do So Could Prejudice Your Right To Indemnity*** if a claim should arise.
- (ii) Please ensure that all questions with an asterisk \* are completed.
- (iii) Please ensure all material changes during the period of the policy are fully and immediately reported your Broker.

### Policy Details

1. Policyholder name\*: \_\_\_\_\_
2. Date Established\*: \_\_\_\_\_

Revenue / Locations / Staff \*

| Revenue generated from: | Turnover* | Number of staff* |
|-------------------------|-----------|------------------|
| New Zealand*            | \$        |                  |
| USA and Canada          | \$        |                  |
| Rest of World**         | \$        |                  |

\*\* If there has been any revenue split provided for "Rest of World", please provide countries and split.

### Activities\*

| Activity Description    | % of Income | Activity Description    | % of Income |
|-------------------------|-------------|-------------------------|-------------|
| Direct Mail / Marketing |             | Film Production         |             |
| Graphic Design          |             | Market Research         |             |
| Media Buyer Non-TV      |             | Non-TV Advertising      |             |
| Printing Services       |             | Public Relations        |             |
| Publishing              |             | Radio Broadcasting      |             |
| Satellite Broadcasting  |             | Television Broadcasting |             |
| TV Advertising          |             | Other                   |             |



## Underwriting Questions

1. Are any of the Firm's business activities performed in the USA / Canada or provided to clients based in the USA / Canada?\*
- Yes     No

Please provide full details of all of business activities in the USA / Canada including the services provided, contract value, and client name\*

2. Do the Firm's clients include any of the following sectors: Nuclear, Chemical, Aviation, Power Plants, Safety Critical, Financial Trading Platform, Mining, Military, Medical (Diagnostic), Financial Institutions, Airlines, Airports or Aircraft manufacturers? \*
- Yes     No

Please provide full details including the services provided, contract value and client name\*

3. For the insurance proposed, has the proposer, any partner or directors, have dealings with any Sanctioned Country (for example Syria, North Korea, Iran or DR Congo), Organisation (for example Al Qaeda, IRA) or Person? Dealings would include, by way of example only, business activities, travel to or from, import or export, joint ventures, banking or currency transfers, gifts. For a list of Sanction Countries, Organisations and People please refer to: <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx> \*
- Yes     No

If the answer is 'Yes' to the above please provide full details below.\*

## Multimedia

1. Is all content reviewed by internal or external legal counsel prior to publication? \*
- Yes     No
2. Do you have procedures in place for checking the originality and accuracy of content commissioned or published by you? \*
- Yes     No
3. Does the Firm require clients to formally approve all proof copies in writing prior to printing / going live? \*
- Yes     No

**If the answer is 'Yes' to any of the above questions, please provide further details below.\***

| Question number | Information |
|-----------------|-------------|
|                 |             |



## Claims History

1. After enquiry of the partners/principals/directors and employees, has there been or is there now pending a claim against the Firm, its predecessors in business or its current or former partners/principals/directors or employees for a breach of professional duty? \*  Yes  No
  
2. After enquiry of the partners/principals/directors and employees is the Firm aware of any circumstance or incident which may give rise to a claim against the Firm or its partners/principals/directors or employees? \*  Yes  No
  
3. After enquiry of the partners/principals/directors and employees is the Firm aware of any prosecution or investigation (actual or pending) of the Firm or any partners/principals/director or employees under any International, or Local statute, legislation, regulation or by law? \*  Yes  No
  
4. After enquiry of the partners/principals/directors and employees, has the Firm or any partners/principals/director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct? \*  Yes  No
  
5. Has the Firm ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a professional indemnity insurance policy? \*  Yes  No
  
6. After enquiry of the partners/principals/directors and employees is the Firm aware of any circumstance or incident which may give rise to a claim against any Insured or trigger a payment under this policy? \*  Yes  No

**If the answer is 'Yes' to any of the above questions, please provide further details below.**

| Question number | Information |
|-----------------|-------------|
|                 |             |



**Limit of Liability\*** Limit of Liability: \$ \_\_\_\_\_

**Retention\***

- \$1,000                       \$2,000                       \$2,500                       \$5,000                       \$7,500
- \$10,000                       \$15,000                       \$20,000                       \$25,000                       \$50,000

**Retroactive Date\***                       Date \_\_\_\_/\_\_\_\_/\_\_\_\_                       Unlimited

**Costs & Expenses\*** Limit of Liability: \$ \_\_\_\_\_

**Declaration and Signature**

I/We hereby declare that the information and answers given in this proposal form are in every respect true and correct and that all information that may be material in considering this proposal form has been fully and accurately disclosed to AIG Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this declaration is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform AIG Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- I/We am/are obliged to advise AIG Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/we know (or could reasonably be expected to know) which could influence the judgement of AIG Insurance New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.
- Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.
- I/We have certain rights of access to and correction of this information.

For and on behalf of (insert name of firm) \_\_\_\_\_

Signature of Principal or Director \_\_\_\_\_

Date \_\_\_\_\_

**Signature of this form does not bind the firm or the insurer to complete the insurance**



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