Professional indemnity insurance Advertising agents proposal form



Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets

princip	bai of the practice must sign and date this it	onn and any separate	SHEELS.			
1 Nan	ne and address details					
Practi	ce name (include all names under which yo	ou practice)				
Main o	office address		-			
			Telepho	ne number		
Post	code:		Contact	e-mail address		
	oyer's Reference Number (ERN)]			
(found	on PAYE documents)		Practice	website		
Date 6	established		List num	ber of branch offices		
/	1					
Pleas	e list on a separate sheet all branch offices	including addresses f	for which you are see	king cover.		
2 The	firm					
Pleas	e list below your details if you are a sole tra	der or those of the Pa	artners / Directors / Me	embers of the compar	ny.	
Name of all partners / directors / members Qualifications		Previous Years in the How long as employers industry member		How long as parti	partner / director/ of the firm(s)	
			Ciripioyera	industry	member of the	e iiiii(o)
If you	r business has been established for less t	han 5 years, please	list on a separate she	eet the names of the	companies by whom the	ne partners were
	ously employed.					
	duction activities	luctions undertaken:				
rieasi	e provide a breakdown of the range of prod	uctions undertaken.				
1.	Animation – U.K.					%
2.	Animation – overseas					%
3.	Location production – U.K.					%
4.	Location production – overseas					%
5.	Studio production – U.K.				·	%
6.	Studio production – overseas					%

4 Men	nbership of professional organisations							
	r business a member of any Association or please give details below:	Professional Body which has	a code of professional con	duct? If	Yes		No	
Association					[Date joine	ed	
	est contracts							
Please	e provide details of the five largest contracts	you have undertaken over th						
Clier	nt	Production details	Dates commenced completed	d and	Contrac	Producti	on Budg	et
1			1 1		£			
2			1 1		£			
3			/ /		£			
4			1 1		£			
5			/ /		£			
6 Proc	luctions costs		L					
	e provide the following:							
	Estimated annual production costs for the forthcoming year				£			
	2. Annual production costs for the expiring year				£			
Estimated average production costs per contract for the forthcoming year								
4. Maximum forseeable production cost for any one production					£			
7 Con								
Please	e provide names of any Production Compan	ies with whom you regularly v	work, together with a copy	of your stan	idard contrac	t.		
	Artistes be under contract to complete the forward a copy of your standard contract v		elay?		Yes		No	
8 Con	mercial producers indemnity							
	ı insist that Production Companies with who	om vou work carry Commerci	al Producers Indemnity Ins	urance?	Yes		No	
	ouse productions	on you won our y common	,					
			II	Г				21
Please state the proportions of Productions which are produced 'in-house', if applicable?								
10 Pri	nted advertisement cover							
	o you require cover to be extended to include advertisements in newspapers, magazines and other printed Yes No ublications?							

If 'Yes', what proportion of the Annual Production Costs relate to this type of advertisement?						
11 Claims						
	ss, whether insured or not, arising from the delay, interruption, cancellation or ismission or publication of an advertisement?	Yes		No	Ш	
(Please note that the response to thi withdrawal of an Advertisement or to appearing in the Advertisement)?	is question should encompass any loss suffered as a result of the enforced ermination of a campaign as a result of the death or public disgracing of an artist					
If 'Yes', please provide full details.						
12 Additional information						
	other information which may be relevant to Insurers consideration of your Proposal formation of your Proposal formation in the second second in the second second in the second in th	or insurar	nce.			
If you have any doubt over whether	something is relevant, please let us have details.					
13 Current insurance						
Do you currently have professional i	ndemnity insurance?	Yes		No		
If 'Yes', please provide following det	ails:					
Renewal date	1 1					
Insurer						
Broker						
Limit of indemnity	£ any one claim / ag	gregate -	please	advise		
Excess	£					
Premium	£					
Has any proposal for professional in	demnity insurance ever been declined by an insurer to whom you have applied? If	Yes	П	No		
'Yes', please provide details	The second secon	103	ш	140	Ш	

14 Quotation requirements

Please give details of the firm's current Professional Indemnity Insurance.

Do not complete this question if you are already a client of Bluefin

Limit of indemnity	Excess	Premium	Name of insurer	Renewal date
£	£	£		/ /

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of indemnity	£	£	£
Excess	£	£	£

Confirmation

Disclosure of material facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm						
Signature:	Date:	1 1				
Print name:	Position:					

Please return this application form along with any other supplementary information sheets to the address detailed below:

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG t: 0117 929 3344 | f: 0845 521 5576 | e: enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk

