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[www.thbgroup.com](http://www.thbgroup.com)

Lloyd's Broker

# **Marketing & Media Consultants**

## **Professional Indemnity**

### **Proposal Form**

**THB Professional & Financial Risks**  
**107 Leadenhall Street**  
**London**  
**EC3A 4AF**

**Tel 020 7469 0100**

**Fax 020 7621 0661**

**MARKETING & MEDIA**  
**PROFESSIONAL INDEMNITY INSURANCE**  
**PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

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1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address:

Email address:

Telephone No:

Fax No:

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4. Date business established:

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5. Full description of your business activities:

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6. Are you connected or associated (financially or otherwise) with any other business?

Yes  No

If Yes, please give full details:

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7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes  No

If Yes, please give full details:

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8. Are you a member of any Professional Association?

Yes  No

If Yes, please give full details:

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**9. Details of Principal/Partners/Directors:**

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

**10. Number of Employees:**

Creative staff ..... Technical staff ..... Others .....

**11. a) Give details of your fees/income/turnover (as applicable) derived from clients based in:**

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
UK	£	£	£
North America	£	£	£
Elsewhere	£	£	£

**b) Is any work performed outside the UK?**

Yes  No

If Yes, please give full details:

**c) On what date does your financial year end?**

**12. Please confirm the approximate division of work undertaken during the last complete financial year between the following market sectors:**

Sport/Leisure	%	Charity	%
Retail	%	Property	%
Telecommunications	%	Information Technology	%
Financial	%	Others (please specify)	%
Healthcare/Medical	%		

**13a. Split of turnover including fee income in the last year or if a new firm your anticipated figures:**

<b>Commercial TV</b> Production of advertisements Media spend	£ £
<b>Other Media</b> Production of advertisements Media spend	£ £
<b>Printed Literature/Documents</b>	£
<b>Direct Marketing</b> If income declared, please answer question 13(b) below Mailshots Postage costs Telemarketing Database management and list broking	£ £ £ £
<b>Sales Promotion</b>	£
<b>Marketing (including all market research)</b> Fees Production costs	£ £
<b>Public Relations</b> Fees Production costs	£ £
<b>Human Resources</b> Fees Production costs	£ £
<b>Specialist Design (Graphic Design)</b> Fees Production costs	£ £
<b>Specialist Design (Corporate Identity)</b> Fees Production costs	£ £
<b>Event Organisation</b>	£
<b>Other work (details please)</b>	£
<b>TOTAL TURNOVER INCLUDING FEE INCOME*</b> *Please note this figure should be as per answer to Question 11a) for the last financial year	£

13b. i) What is your largest mailing (by number of pieces mailed)?

ii) What is your average size mailing?

iii) Do you do 100% mailings?

Yes  No

If Yes, please give details:

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14. Are you responsible to your clients for:

a. Procurement of goods or services on their behalf?

Yes  No

b. Pricing policy?

Yes  No

c. Legally binding them in other ways?

Yes  No

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15. Do you always have a written specification with your clients for each job which includes campaign details, volume, quality, timings and sign off procedures?

Yes  No

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16. Please list your five largest contracts undertaken in the last three years:

Location	Name & Business of Client	Nature of Services Provided	Contract Value	Your Income

17. Do you currently have professional indemnity insurance in force?

Yes  No

If Yes, please advise Insurer ..... Renewal Date .....

Premium .....

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18. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes  No

If Yes, please give full details:

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19. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes  No

If Yes, please give full details:

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20. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes  No

If Yes, please give full details:

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21. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes  No

If Yes, please give full details:

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22. Please indicate the levels of indemnity you require quotes for:

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23. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£ .....

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I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

*You have a duty to disclose any fact or circumstance both before inception and throughout the duration of the policy that might influence the judgement of a reasonable and prudent underwriter in assessing your risk/premium. Failure to do so may entitle the underwriter to avoid all cover and claims. If you are in any doubt, then for your protection it is preferable that you contact us so that we can inform the insurer accordingly".*

.....  
Signature of Principal/Partner/Director

.....  
Date

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