



Marketing, Advertising and Communications Professional Liability Application Form

Pirbright Professions Inc. Insurance program is designed to meet all the insurance needs of a professional business.

Which sections should you complete?

Section	Title	Should you complete it?
1	Your Business – Professional Liability	All companies must complete this section
2	Direct Marketing/Sales Promotion	Companies which undertake direct marketing or sales promotion activities should complete this section
3	Commercials/Film Production	Companies which undertake commercials or promotional film production should complete this section
4	Hacker Damage	Please complete this section if you require this cover
5	General Matters	Please complete this section if you require this cover
6	Commercial General Liability	Please complete this section if you require this cover
7	Property	Please complete this section if you require this cover
8	Claims	All companies must complete this section
9	Declaration	All companies must complete this section

The purpose of this application form is for us to find out who you are and what you do in order to provide you a quotation through Pirbright Professions Inc. on behalf of our insurance markets. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle the insurer to treat this insurance as if it never existed.

If a contract of insurance is agreed between you and the insurer, this application form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.



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Section 1 – Your Business

You must complete this section.

1.1 Your business

Company name

Contact name

Main address

Postal Code Website

Telephone E-mail

Year business established:

1.2 Your employees

Please provide your total number of employees:

1.3 Subcontractors

Do you use independent subcontractors? Yes No

If **yes**:

a. What approximate percentage of your turnover is paid to subcontractors? %

b. For what type of work are they used?

1.4 Membership of professional organizations

Is your business a member of any professional organizations or trade association? Yes No

If **yes**, please provide details:

1.5 Your turnover/fees

a. Please provide your turnover, including fee income and who the work is carried out for:

Jurisdiction dd-mmm-yyyy	Past year ending	Current year	Estimate for coming year
Canadian Companies	\$	\$	\$
Overseas clients (excluding USA)	\$	\$	\$
USA clients under contracts subject to non-USA law	\$	\$	\$
USA clients under contracts subject to USA law	\$	\$	\$

Turnover includes (but is not limited to) fee income/revenue, media spending, production and campaign costs and payments to subcontractors.



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1.6 Contracts

a. Please give details of the five largest contracts you have carried out in the past three years:

Name of client	Nature of work undertaken	Total value of contract	Income to you from contract	Contract duration

b. Within the past three years what is the average value of the contracts you get involved in?

\$

1.7 Your business activity

Your percentage of turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

- | | | |
|----|--|--|
| a. | Creation of content for advertisements | Turnover |
| | i. Commercial TV/cinema | <input style="width: 80px;" type="text"/> % |
| | ii. Print/press/poster | <input style="width: 80px;" type="text"/> % |
| | iii. Internet e.g. pop-ups/banner | <input style="width: 80px;" type="text"/> % |
| | iv. Radio | <input style="width: 80px;" type="text"/> % |
| | v. Mobile telecoms e.g. SMS, MMS | <input style="width: 80px;" type="text"/> % |
| | vi. Other - please specify: | <input style="width: 80px;" type="text"/> % |
| | | |
| b. | Media buying | <input style="width: 80px;" type="text"/> % |
| | Please break down your media buying activities as follows: | |
| | i. Media spending | <input style="width: 80px;" type="text"/> \$ |
| | ii. Fees to you | <input style="width: 80px;" type="text"/> \$ |
| c. | Design of printed literature/documents | <input style="width: 80px;" type="text"/> % |
| d. | Direct marketing | |
| | i. Postal mailings | <input style="width: 80px;" type="text"/> % |
| | ii. E-mail marketing | <input style="width: 80px;" type="text"/> % |
| | iii. SMS marketing | <input style="width: 80px;" type="text"/> % |
| | iv. Other - please specify: | <input style="width: 80px;" type="text"/> % |
| | | |
| e. | Packaging and fulfilment | <input style="width: 80px;" type="text"/> % |



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f. Telemarketing	<input type="text"/>	%
g. Database management and list broking	<input type="text"/>	%
h. Sales promotion		
i. Coupons/offers/discounts etc.	<input type="text"/>	%
ii. Competitions/contests	<input type="text"/>	%
iii. Premium sourcing/supply	<input type="text"/>	%
iv. Field sales	<input type="text"/>	%
v. Other - please specify:	<input type="text"/>	%
	<input type="text"/>	
i. Market research	<input type="text"/>	%
j. Public relations	<input type="text"/>	%
k. Graphic design (not interior design or product design)	<input type="text"/>	%
l. Corporate identity/brand consultancy	<input type="text"/>	%
m. Marketing consultancy	<input type="text"/>	%
n. Others - please specify:	<input type="text"/>	%
	<input type="text"/>	

1.8 Future business activities Do you expect any significant changes to the split of activities shown above in the coming 12 months? Yes No

If **yes**, please give details:

1.9 Business activities - description

Please provide a description of your business activities in your own words including any specializations:



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1.10 Risk management

- a. What procedures do you have in place to ensure that any photo, film clip, music or other content used by you does not breach any third party rights? If you have standard written procedures please attach a copy.

- b. Please advise under what circumstances you would refer material to lawyers for checking:

- c. Please advise which lawyers you use for clearance advice:

1.11 Cover required

Please tick the limit of professional liability required:

\$500,000

\$1,000,000

\$2,000,000

Other: \$



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Section 2 – Direct Marketing and Sales Promotion

Please complete this section if you undertake any direct marketing or sales promotion activities.

2.1 Mailings

Do you carry out any mailings? Yes No

If **yes**:

a. What is your largest mailing (by number of pieces mailed)?

b. What is your average size mailing?

c. Do you undertake 100% mailings (contracts where 100% of the client database must receive the mailing)? Yes No

If **yes**:

i. Please provide details of the nature of the mailing(s) and client(s):

ii. What percentage of your total mailings are 100% mailings? %

2.2 Contracts

a. Do you carry out any print only contracts? Yes No

If **yes**, what percentage of your income: %

b. 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

c. Are all deviations to the above specification contact reported? Yes No

d. Do you always use a purchase order, or equivalent, when employing subcontractors which mirrors any client obligations for each contract? Yes No

e. Do you always obtain final client sign off before going to print? Yes No



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Section 3 – Commercials/ Promotional Film Production

Please complete this section if you produce any commercials or promotional films.

3.1 Your business activities

Your percentage of turnover including fee income must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

- | | | |
|---|----------------------|---|
| a. Production of advertisements for commercial TV | <input type="text"/> | % |
| b. Production of advertisements for cinema. | <input type="text"/> | % |
| c. Production of promotional / information / corporate videos | <input type="text"/> | % |
| d. Production of music videos | <input type="text"/> | % |
| e. Others, please specify | <input type="text"/> | % |
| | <input type="text"/> | % |

Section 4 - Hacker Damage

Optional - only complete this section if this insurance cover is required.

- | | | |
|--|------------------------------|-----------------------------|
| a. What is your anticipated internet revenue for the next 12 months | <input type="text"/> | \$ |
| b. Do you have an individual whose full time responsibility is IT? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Have you had external audits of your IT security in the last 12 months? If so, please provide us with a copy. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Do you have a written minimum technological security policy which you use to audit your practices? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Do you back up all electronic files on your system (including your website) at least weekly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Do you have main vendor anti-virus software in operation with a maintenance agreement in force? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Is your system protected by a firewall? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Do you have a resilient system for patching your system against known vulnerabilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Are all passwords changed at least every 60 days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j. Please give details of your longest outage that you have suffered: | <input type="text"/> | |



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Section 5 – General Matters

5.1 Subcontractors and
non-employed contributors

a. What percentage of your content is supplied by non-employed contributors including freelancers or other non-employees? %

b. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? Yes No

If **no**, please provide details:

5.2 Other services for clients

a. Do you provide any other services to third parties? Yes No

If **yes**, please provide details:

b. What percentage of your declared turnover comes from these activities? %

5.3 Your website

a. What is your website address?

b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any weblog, online journal, online diary, or online chatroom? Yes No

c. Is all third party material subject to your standard checking procedures (as declared at Section 2 and/or Section 3 of this application form) prior to posting on your websites? Yes No

d. Please provide details of your takedown procedures in the event of a complaint related to third party material:

Please note that cover is only provided where third party content is subject to the applicant's standard editorial procedures prior to it being made publicly accessible.



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Section 6 - Commercial General Liability

Optional - only complete this section if this insurance cover is required.

6.1 Cover required

a. Please tick the limit of liability required for general liability and products liability:

\$1,000,000

\$2,000,000

\$5,000,000

Other: \$

b. What is the expiry date of your current policy?

Section 7 – Property And contents

Optional – only complete this section if this insurance cover is required.

7.1 Location of premises
to be covered

Location	Full address	Postal Code
1.		
2.		
3.		

Please provide us with a presentation if more than three premises are to be insured.

7.2 Occupancy

a. Is this a home based office?

Yes No

b. Is the entire building used only for office based activities?

Yes No

7.3 Construction details

a. Are all of the buildings in a good state of repair?

Yes No



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Section 8 - Claims

8.1 General

You must complete this section.

Please complete the claims questions for any risk now to be insured.

In relation to your professional business activities, are you after reasonable inquiry aware of:

a. any matter which may lead to a claim against you?

This includes:

i. a shortcoming or problem in your work known to you which you cannot reasonably put right;

Yes No

ii. a complaint about your work or anything you have supplied which cannot be immediately resolved;

Yes No

iii. an escalating level of complaint on a particular project;

Yes No

iv. a client withholding payment due to you after any complaint.

Yes No

b. any loss from the dishonesty or malice of any employee or self-employed freelancer?

Yes No

c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer?

Yes No

d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee?

Yes No

If you answered **yes** to any of the above, please provide full details:

8.2 Directors and officers

Have you or any of your directors at any time either personally or in any business capacity:

a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?

Yes No

b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

Yes No

If the answer to a. and/or b. above is **yes**, please give full details on a separate sheet.

8.3 Professional liability

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)?

Yes No

8.4 All others covers

In respect of the following insurance covers:

Hacker damage, property contents, business interruption, and commercial general liability

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes No



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If the answer to 8.3. and/or 8.4. is **yes**, please give full details below:

Date	Details	Amount	Remedial action
dd-mmm- yyyy			

Please continue on a separate sheet if necessary.

8.5 Previous insurance

Have you ever had any insurance or application cancelled, withdrawn, declined or made subject to special terms?

Yes No

If **yes**, please provide details:

Date	Details
dd-mmm-yyyy	



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Section 9 - Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

9.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please provide us with the details to review.

9.2 Data protection

By signing this application form, you consent to Pirbright Professions Inc. using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Pirbright Professions Inc. has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Pirbright Professions Inc. as set out above. The information provided will be treated in confidence and in compliance with the Personal Information Protection Act (PIPA). You or others related to your policy may have the right to apply for a copy of this information and to have any inaccuracies corrected.

For training and quality control purposes, telephone calls may be monitored or recorded.

9.3 Declaration

I/We declare that (a) this application form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our application for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our application for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to void this insurance policy.

I/We agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Director/Officer/Board Member/Senior
Manager

Date dd-mmm-yyyy

A copy of this application should be retained for your records.

9.4 Queries

Should you have any questions or if you require any additional information, please do not hesitate to contact us. Contact information as follows:

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