



Proposal Form - MultiMedia Professional Liability

I. Applicant Details

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date:	

II. Business Activities

2. Please state the following details:

Number of Partners/Directors/Principals: _____

Number of Professional Employees: _____

Number of Other Technical Staff: _____

Number of Trainee Staff: _____

Number of Non-Technical Staff (i.e. administration, clerical, typists etc.): _____

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner /Director/Principal

If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.

4. Please state, during the past 5 years:

- (a) has the name of the Insured(s) been changed? Yes No
- (b) has any other business(es) been purchased, merged or consolidated with the Insured? Yes No

If "yes", please provide details on a separate sheet

5. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months:

6. Please give names of any professional organisations or associations of which the Insured or principals are members:

7. Please indicate the total turnover (including fee income) in respect of the following:

Year	Hong Kong/China	USA/ Canada	Elsewhere
Previous Completed Financial Year			
Current Financial Year			
Estimate of next Financial Year			

8. Please provide the turnover of current year (last 12 months) derived from the following activities:

Activity	Turnover (including fee income)
<i>Publishing</i>	
Publishing (music, books, magazines, newspapers)	
Distribution	
Subsidiary Rights	
<i>Printing</i>	
Printing Services	
<i>Broadcasting</i>	
Television Broadcasting	
Radio Broadcasting	
Satellite Broadcasting	
<i>Production</i>	
Film Production	
Post Film Production	
<i>Marketing</i>	
Media Buyer TV	
Media Buyer Non-TV	
TV Advertising	
Non-TV Advertisement (theater, radio, outdoor advertising)	
Promotional Materials (brochures, annual reports)	
Direct Mail/ Marketing	
Market Research/ Public Relations	
Graphic Design (design of brochures, logo)	
Design of Games, Competitions or Special Offers	
<i>Other, please specify</i>	
<i>Total</i>	

(Please ONLY complete the section(s) relevant to the coverage you require)

PUBLISHING SECTION

9. (a) Please provide a percentage split of the type of books, newspapers and journals published/distributed:

Children's	_____ %	Biographies/ Autobiographies	_____ %
Medical/ Technical/ Scientific	_____ %	Religious/ Political	_____ %
Trade/ Business	_____ %	Financial/ Investment	_____ %
National Newspaper	_____ %	Local Newspapers	_____ %
Other, please describe:	_____ %		

(b) Are publications reviewed by:

- Outside Counsel In House Counsel
 Other (please specify) _____

(c) Please advise what standard procedures are in place for checking the accuracy, originality or content of work, including title clearance:

BROADCASTING SECTION

10. Please advise the percentage mix of broadcasting services offered:

Consumer Programmes	_____ %	News/ Current Affairs	_____ %
Religious/ Political	_____ %	Investigative/ Exposés	_____ %
Other, please describe	_____		

11. (a) Do your News Teams engage in investigative reporting or exposés? Yes No

If "yes", please describe methods used for documenting sources of information.

(b) Are your "action reports" or similar consumer programmes broadcast or telecast live?

Yes No

If "yes", please describe how broadcast information is vetted.

(c) Are your talk shows and interviews programmes pre-taped or pre-recorded and are a delay device used during "call-in" or other live audience participation programmes broadcast? Yes No

(d) Are you a member of any licensing body or similar? Yes No

If "yes", please specify:

PRINTING SERVICES SECTION

12. (a) Please indicate the percentage of turnover (including fee income) derived from each of the following:

Business and legal forms, including stationary	_____%
Corporate or financial related materials, including annual reports, prospectus	_____%
Books	_____%
Pamphlets & flyers	_____%
Games of chance (i.e. lottery tickets, scratch cards)	_____%
Discount/ rebate coupons	_____%
Catalogues	_____%
Yellow Page Directories, or similar	_____%
Wedding invitations, calling cards, social announcements	_____%
Bindery	_____%
Computer graphics	_____%
Other, please specify	_____%
Total	100%

(b) Do you engage in the design of logos and trademarks for clients? Yes No

If "yes", please attach a narrative describing the number designed per year and the procedures followed for trademarks/copyrights.

(c) Do you engage in the obtaining or providing of mailing lists to clients? Yes No

(d) Do you prepare bulk mailings for clients? Yes No

(e) Do you require clients to approve and sign off all proof copies before printing? Yes No

MARKETING SERVICES SECTION

13. (a) Do you engage in the design of logos and trademarks for clients? Yes No

If "yes", please attach a narrative describing the number designed per year and the procedures followed for trademarks/copyrights.

(b) Do you engage in the obtaining or providing of mailing lists to clients? Yes No

(c) Do you prepare bulk mailings for clients? Yes No

(d) Do you require clients to approve and sign off all proof copies before printing? Yes No

PROCEDURES SECTION

14. Do you have standard procedures for regular reviews of ongoing contracts internally and with clients? Yes No

If "yes", please specify.

15. Please provide details of the 5 largest contracts you have carried out in the past five years:

Client Name	Services Provided	Annual Revenue

16. (a) Please state what proportion of the Insured's business involves the subcontracting of work to others _____%

(b) Do you insist the subcontractors to maintain their own defamation or professional liability cover? Yes No

(c) If sub-contracting exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.

III. Fraud & Dishonesty Coverage

17. If the Insured wishes to have coverage for Fraud/ Dishonesty, please complete the following:

(a) Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person?

Yes No

If "yes", please specify

(b) Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee?

Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.

(c) Does the Insured(s) always require satisfactory references or only when engaging senior employees?

Always Senior Appointments Only

Nature of Reference

Written Verbal

(d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding US\$50,000?

Yes No

If "yes", please give details on a separate sheet.

(e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?

Weekly Monthly Quarterly Other (please specify)

(f) Are client funds kept in a properly designated client account which is separate from the bank account of the Insured?

Yes No

IV. Insurance & Loss History

18. Is any partner, director or principal after inquiry, aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners, directors or principals? Yes No

19. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals? Yes No

If you have answered "YES" to questions 17 or 18, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if a subsequently a claim should arise.

20. (a) Please list out details of previous Professional Liability Insurance carried during the past 3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium

(b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes No

If "yes", please advise reason(s).

21. (a) Please specify Limit of Liability desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

(b) Deductible desired:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

V. Declaration

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of insurance.

Signed

Title
(to be signed by Partner/Director or Principal or equivalent)

Insured(s)

Date

VI. Please Enclose with this Proposal Form

- A Brochure and list of current book titles, films, songs etc. (if available)
- A Brochure (if available)
- Copy of Standard Contract Terms (if available)

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