



MULTIMEDIA LIABILITY INSURANCE PROPOSAL

NOTICE TO THE APPLICANT FOR INSURANCE

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with the insurers, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurers every matter which you know, or could reasonably be expected to know, is relevant to the insurers' decision whether to accept the insurance risk and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurers;
- that is common knowledge;
- that the insurers know or, in the ordinary course of business as insurers, ought to know;
- as to which compliance with your duty is waived by the insurers.

1. NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

COMMENT: The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurers' consideration of your proposal.

2. CLAIMS MADE POLICY

- This proposal is for a "claims made and notified" policy of insurance. This means that the policy indemnifies you for claims made against an insured and notified to the insurers during the period of insurance. The policy does not provide indemnity in relation to:
 - claims arising from acts errors or omissions committed prior to the retroactive date of the policy (if such a date is specified);
 - claims made, threatened or intimated prior to the commencement of the period of insurance;
 - claims made after expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
 - claims arising from facts or circumstances notified (or which ought reasonably to have been notified) under any previous insurance policy;
 - claims arising from facts or circumstances noted on the proposal form for the current period of insurance or on any previous proposal form;
 - claims arising from facts or circumstances of which you first became aware prior to the commencement of the period of insurance, and which you knew or ought reasonably to have known might give rise to a claim under this policy.

The policy will respond to claims pursuant to Section 40 (3) of the Insurance Contracts Act 1984 which states:

"Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract".

3. AVERAGE PROVISION

The policy provides that if a payment in excess of the limit of liability available under the policy is made to dispose of a claim, the insurers' liability for defence costs incurred with its consent shall be such proportion of the total defence costs as the limit of liability available under the policy bears to the amount paid to dispose of the claim.

4. RIGHTS OF RECOVERY

The policy does not cover liability, loss or damage in respect of which you have at any time foregone, excluded or limited a right of recovery.

PRIVACY STATEMENT

Protecting your privacy

We are committed to protecting your privacy and the privacy of any personal information provided to us. We comply with the Australian Privacy Principles set out in the Privacy Act 1988. A full version of our **Privacy Policy** is available (see the link below) which sets out details about how we manage and what we do with your personal information. In summary:

What personal information will we collect and why do we need it?

We may need to collect personal information from you so that we can provide you with the insurance services you are seeking from us.

How do we collect the personal information?

Information is primarily collected through brokers or directly from you. It might also be collected on occasion in person by investigators or to the officers or service providers of ours, in writing, by telephone and by other electronic communication channels.

We may need to obtain personal information from others to ensure that we are fully informed in relation to the issues that we need to address with regard to your insurance and any claim that you may make.

Who will see or have access to your personal information?

Unless we are required to provide your personal information to others by law, by court order or to administer or investigate an application for insurance or a claim, your information will only be seen or used by persons working within the Specialist Underwriting Agencies group of companies.

Security of Information

Our information systems and files are kept secured from unauthorised access and our staff and contracted agents and service providers have been informed of the importance we place on protecting your privacy and their role in helping us to do so. Information will be stored and disposed of in a secure environment, which may only be accessed by authorised personnel.

What if I want to check what personal information you hold about me?

We are happy to advise you what personal information we hold about you and share this information with you. This will be the case unless there is a relevant exception under the Privacy Act 1998 that applies.

Can I correct the information?

If you believe there are errors in our records about you, please let us know and we will be happy to investigate and correct any inaccuracies.

Cookies

Our website may use cookies to provide a better browsing experience. If you prefer not to have cookies collected, you can disable this option in your browser settings.

Direct Marketing

Apart from notifying you of our service offerings, we do not, without your consent, sell, rent, license or otherwise disclose your information to any party for the purposes of direct marketing.

Cross Border Storage

In order for us to provide our services, we may receive and share personal information with the Specialist Underwriting Agencies group of companies, third parties and we may also store that information on servers that are not in Australia. We will ensure that any party with whom we share personal information overseas will be required to comply with the Privacy Act 1988.

Further information

If you would like further information, please review our full **Privacy Policy** or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the privacy officer at:

Specialist Underwriting Agencies Pty Ltd
255 Sandgate Road
Albion QLD 4010
Ph: 07 3624 9419
Fax: 07 3624 9433
Email: info@sua.com.au



MULTIMEDIA LIABILITY INSURANCE PROPOSAL

APPLICANT DETAILS

1. Name of all entities to be insured: ABN Website

2. Address of the Company's head office:

	State:	Postcode
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3. Address(es) of other offices:

	State:	Postcode
	State:	Postcode
	State:	Postcode

4. Commencement date of your business: / /

5. Please describe your business activities:

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6. Please advise the following details in respect of your principals or directors

Name	Age	Professional Qualifications	Date qualified	Date appointed
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

7. Please provide total numbers of:

Principals or directors		Professionally qualified staff	
Other staff		TOTAL	

8. *Sole practitioners only* – Please advise what arrangements you have in place to assist during your absence from the business.

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9. Please list the professional bodies or associations to which you belong.

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YOUR BUSINESS DETAILS

10. In the last 6 years:

- (a) Has the name of the business changed? Yes No
- (b) Has any other business or practice amalgamated or merged with you? Yes No
- (c) Have you purchased any other business or practice? Yes No
- (d) Have you purchased any Radio Stations? Yes No
- (e) Have you purchased any Mastheads or Magazines? Yes No

If **Yes** to any of the above, please provide the details.

11. In the last 12 months:

- (a) Has there been any substantial change in your activities during the last 12 months? Yes No
- (b) Do you envisage any substantial change in your activities or are any major new operations contemplated during the next 12 months? Yes No

If **Yes**, to either of the above, please provide details.

12. Is any partner, principal or director connected or associated (financially or otherwise) with any other business or practice? Yes No

If **Yes**, please provide the details.

13. Do you engage consultants, contractors, sub-contractors or agents? Yes No

If **Yes**,

- (a) Do you always insist and confirm they carry their own media liability or professional indemnity insurance? Yes No

If **No**, please explain the circumstances that this would occur.

- (b) Do you ever enter into any hold harmless or otherwise waive any legal right or entitlement that you may have against such consultants, contractors, sub-contractors or agents? Yes No

If **Yes**, please provide the details.

- (c) Please provide us with your actual payments and percentage of wage roll for such consultants, contractors, sub-contractors and agents

Actual in current year		Estimate for next year	
Payments	% of wage roll	Payments	% of wage roll
\$	%	\$	%

14. Please state the approximate percentage of your activities (based on income) applicable to each State, Territory and Overseas.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S
%	%	%	%	%	%	%	%	%



YOUR FINANCIAL INFORMATION

15. Please state your gross annual turnover (or annual budget if a not-for profit organisation)

(a) Derived from each of the following activities:

Activity	Actual in current year	Estimate for next year
(a) Advertising Agency	\$	\$
(b) Book Publishing	\$	\$
(c) Television Broadcasting (Cable and Satellite)	\$	\$
(d) Internet	\$	\$
(e) Magazine Publishing	\$	\$
(f) Newspaper Publishing Radio Broadcasting	\$	\$
(g) (i) Television Broadcasting (Terrestrial)	\$	\$
(g) (ii) Film and Television Program Production	\$	\$
(g) (iii) Radio (Terrestrial)	\$	\$
(h) Miscellaneous published material	\$	\$
(i) Third party Printing	\$	\$
(j) Graphic Design	\$	\$
TOTAL	\$	\$

(b) Derived from the following countries/regions:

Country/Region	Actual in current year	Estimate for next year
Australia/New Zealand	\$	\$
United Kingdom/Ireland	\$	\$
United States of America/Canada	\$	\$
Other -	\$	\$
Other -	\$	\$
Other -	\$	\$
TOTAL	\$	\$

16. (a) Advertising Agency:

(i) What percentage of your fees are associated with the following activities:

Categories	Actual in current year	Estimate for next year
Direct Mail	%	%
Market Research	%	%
Photography Services	%	%
Print Services	%	%
Production Testing	%	%
Promotional Development	%	%
Public Relations	%	%

(ii) Please list any other Advertising Agency business activities undertaken for a fee:

Activity	Actual in current year	Estimate for next year
	%	%
	%	%
	%	%



(b) Book Publishing:

(i) What types of books do you publish:
Please provide approximate percentage for each of the following categories.

Categories	Percentage	Categories	Percentage	Categories	Percentage
Textbooks	%	Education	%	Children's'	%
Do-it-yourself	%	Technical	%	History	%
Auto/biography	%	Religious	%	Investigative/expose	%
Social/political	%	Classic	%	Celebrity	%
Fiction	%	Poetry	%	Other -	%
Other -	%	Other -	%	Other -	%

(c) Cable and Satellite Broadcasting

Name of all systems	Transmission Area	Subscriber numbers

(i) Does the system originate any programming? Yes No

If Yes, please provide the following information:

Type of Programming	No of hours per week	Gross turnover derived from syndication
	hrs	\$
	hrs	\$
	hrs	\$

(d) Internet (including websites)

(i) Please describe all internet activities or on-line services provided:

(ii) Please list all internet forums or websites you operate or manage:

(iii) Please list any other Internet business activities undertaken for a fee:

Activity	Actual in current year	Estimate for next year
	%	%
	%	%
	%	%



(e) Magazine Publishing

Name of Magazines	Location	Date first published	Avg Circulation	Frequency	Circ. area (I, N, R, L, O)*
		/ /			
		/ /			
		/ /			
		/ /			

*I = International; N = National; R = Regional; L – Local; O – On-Line

(f) Newspaper Publishing

Name of Newspapers	Location	Date first published	Avg. Circulation	Frequency	Circ. area (I, N, R, L, O)*
		/ /			
		/ /			
		/ /			
		/ /			

*I = International; N = National; R = Regional; L – Local; O – On-Line

(g) Terrestrial Broadcasting

(i) Television

Name of all channels/stations	Transmission area	Date licensed	First air date	Highest advertising rate per hour	Highest 30 sec advertising rate
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$
		/ /	/ /	\$	\$

Please briefly describe the format(s) or type of programming:.

(ii) Do you originate any television or film programming?

Yes No

If Yes, please provide the following information:

Type of Programming	No of hours per week	Gross turnover derived from syndication
	hrs	\$
	hrs	\$
	hrs	\$

(iii) Radio

Name of all stations	Broadcast Frequency	Transmission area	Date licensed	% of talkback	Highest 30 sec advertising rate
			/ /	%	\$
			/ /	%	\$
			/ /	%	\$
			/ /	%	\$

Please briefly describe the format(s) or type of programming:.



(h) Miscellaneous published material

(i) Please provide approximate percentages for all other published materials:

Categories	Gross t/o	Categories	Gross t/o	Categories	Gross t/o
Charts/maps	\$	Audio-visual aids	\$	Posters	\$
Graphs	\$	Greeting cards	\$	Brochures	\$
Other -	\$	Other -	\$	Total	\$

(i) Do you provide Printing services for Third Parties? Yes No

If **Yes**, what percent of the Gross Turnover above is generated from these services? %

Please describe your Risk Management processes including Customer "Sign Off" procedures

(j) Do you provide Graphic Design services? Yes No

(i) If **Yes**, please provide details of your 5 largest assignments along with their respective fee income:

Brief description of the assignment	Fee income
	\$
	\$
	\$
	\$
	\$

(ii) Does any assignment or client represent more than 50% of your workload or income? Yes No

If **Yes**, please provide the details.

17. Public Liability

(a) Do you require Public Liability? Yes No

If **Yes**, please answer the following question:

(i) Are any activities conducted away from your business premises? Yes No

If **Yes**, please describe the nature of the activities:

(ii) Are all your business premises leased? Yes No

If **No**, (i.e. premises are owned) how many lifts and escalators in total:

(iii) Do you hire equipment from Third Parties? Yes No

If **Yes**, please indicate nature of the equipment hired:

Type of equipment hired	With operator?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

(iv) Do you utilise the services of labour hire companies? Yes No

If **Yes**, please advise the annual fees payable: \$

(b) Do you require Products Liability? Yes No

If **Yes**, please complete the Products Liability addendum.



18. Risk Management

(a) Please provide an overview of your risk management framework including, but not limited to, the following:

(i) Procedures for checking accuracy and originality of content

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(ii) Procedures for processing unsolicited ideas, books, screenplays, articles, photographs etc.

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(iii) Which law firms do you use in respect of multimedia law, including content review, editorial procedures and complaints handling?

(iv) What is the approximate percentage of all media for which you are indemnified by another party? %

(v) Do you require suppliers to arrange and produce evidence of appropriate insurance? Yes No

(vi) Do you intend to enter into any hold harmless or indemnity agreements? Yes No

If **Yes**, was legal advice sought prior to entering into such agreements? Yes No

(vii) Do you only undertake work on a standard client contract or agreement? Yes No

If **Yes**, please provide a copy of your standard client contract or agreement.

YOUR CLAIMS DETAILS

19. In the last ten (10) years, have any claims in respect of:

- negligence or breach of professional duty
- libel, slander or other forms of defamation
- Invasion or infringement on the right of privacy or publicity;
- Infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name
- Unfair competition
- Plagiarism, piracy or misappropriation of ideas under an actual or implied contract;
- Any other act, error or omission arising out of any matter published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised;
- Bodily injury or property damage arising out of your business (Public Liability)
- Bodily injury or property damage arising out of your products (Products Liability)

been made against your business or practice or any of its predecessors in business or any prior business or practice of any of its present or former partners, principals or directors (**whether or not you consider there is or was a liability**), or has any fact or circumstance been notified to insurers that has the potential to give rise to such a claim?

Yes No

If **Yes**, please provide the following details in respect of each claim, fact or circumstance:

Date notified	Name of Insurer	Brief description	Finalised?	Paid	O/standing
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$



20. Are any of the partners, principals or directors, **after enquiry**, aware of any fact or circumstance which has the potential to give rise to a claim against your business or practice or any prior business or practice of any of their present or former partners, principals or directors (**whether or not you consider there is a liability**), which fact or circumstance is not referred to in question 20 above? Yes No

If **Yes**, please provide the following details in respect of each claim, fact or circumstance:

Claimant	Brief description	Estimated liability
		\$
		\$
		\$
		\$

21. Have you ever been involved in any dispute or arbitration concerning fees, payments for products or services rendered? Yes No

If **Yes**, please provide the details.

22. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes No

If **Yes**, please provide the details.

23. Are any of the partners, principals or directors, **after enquiry**, aware of any inquiry (including any coronial inquiry or any inquiry under the disciplinary rules of a professional association of which they are a member) or other similar process relating to or connected with the affairs of your business which you may be required to attend? Yes No

If **Yes**, please provide the following details in respect of each inquiry or similar process:

24. Are any of the partners, principals or directors, **after enquiry**, been required to attend an inquiry (including any coronial inquiry or any inquiry under the disciplinary rules of a professional association of which they are a member) or other similar process relating to or connected with the affairs of your business? Yes No

If **Yes**, please provide the following details in respect of each inquiry or similar process:

YOUR INSURANCE DETAILS

25. (a) Does your business or practice currently carry or carried multimedia or professional indemnity insurance? Yes No

If **Yes**, please provide the following details:

Insurer:		Expiry date:	/ /
Limit of liability:	\$	Deductible:	\$

- (b) Has your business or practice or any partner, principal or director ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined, or had special terms or restrictions imposed? Yes No

If **Yes**, please provide the details.



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26. Please provide the Limit of Liability and Excess that you require:

Section	Limit of Liability	Excess
Multimedia Liability (Section 1)	\$	\$
Public & Products Liability (Section 2)	\$	\$

OPTIONAL EXTENSIONS

27. **Previous Business:**

Do you require cover for any of your partners or directors in respect of a previous business of theirs? Yes No
 If **Yes**, please identify the previous practices with which all partners, principals & directors have been associated.

Names of Partners/Principals/Directors	Name of Previous Practice	Years practising as Partner/Principal/Director
		years
		years

28. **Fidelity:**

Do you require Fidelity cover? Yes No
 If **Yes**, please complete the remainder of this question.

NB: Provided that the insurers offer this extension, the limit available under this Insuring Clause will be sub-limited.

(a) Does your business or practice carry any fidelity insurance? Yes No
 If **Yes**, please advise:

Insurer:		Expiry date:	/ /
Limit of liability:	\$	Deductible:	\$

(b) Have you ever sustained any loss through the fraud or dishonesty of any employee? Yes No
 If **Yes**, please provide the details and advise what precautions have been taken to prevent a reoccurrence.

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- (c) (i) Are cash, securities and negotiable instruments subject to control by a principal or director? Yes No
- (ii) Are cheques signed/co-signed by a principal or director, or by at least two Employees? Yes No
- (iii) Do you apply the principle of separation of duties, as much as is practicable, in order to minimise the incidence of fraud and dishonesty by employees? Yes No
- (iv) Do you always require and obtain satisfactory references before hiring employees? Yes No

If you answered **No** to any of the above questions, please provide the relevant details and indicate what extra precautions you take to minimise the chances of fraud or dishonesty by an employee.

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(b) Please provide the Limit of Liability and Excess that you require for Fidelity:

Section	Limit of Liability	Excess
Multimedia Liability (Section 1)	\$	\$



DECLARATION

I declare as follows:

- (a) I am authorised by the persons or entities applying for this insurance, to make this declaration.
- (b) I have read and understood the "Notice to the applicant for insurance" and the "Privacy Statement" in this proposal.
- (c) I have read this proposal and the accompanying documents and acknowledge the contents to be true and complete.
- (d) I understand that, up to the date of the commencement of the period of insurance, the Insured is under a continuing obligation to immediately inform SUA of any material change in the information provided in this proposal and in accompanying documents.

Although the signing of this proposal does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract if a policy is issued. I also acknowledge that the proposal and the accompanying documents will be incorporated in the contract of insurance.

Name of Business or Practice:	
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Signature of Principal or Director:	
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Name of signatory:		Date:	/ /
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