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PUBLISHERS PROPOSAL FORM

PROFESSIONAL INDEMNITY INSURANCE

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1. Please provide the following details:

Name of Company		
Address		
		Postcode
Telephone	Email	Fax
Web Site Address		
Establishment date		

2. This insurance can be extended to include associated, subsidiary and predecessor businesses, or the previous. Business activities of any Principal, provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named:

Name	Location (City / Country)

3. Please provide the following details:

Name in full of all Principals	How long with Proposer/s	Years in the Industry

If this is a new business or where a Principal has been working in the relevant industry for less than five years, please attach their brief CV.

4. Please state total numbers of:

Principals	Journalists / Creatives	Others

5. Do you use independent sub-contractors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state:

(a) What percentage of your current financial year's turnover will be paid to subcontractors?

%

(b) For which work are they used and how do you select and manage them?

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(c) Do you ensure they have their own PI insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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6. Is your business a member of any professional organisation or trade association?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide full details:

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7. Please state:

Turnover including fee income:	Past Year Ending / /	Estimate for Whole Current Year	Estimate for Coming Year
Total Turnover including Fee Income	£	£	£

Estimated percentage split of your turnover including fee income for:

Work carried out for UK clients	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%
Work carried out for clients anywhere else in the world	%	%	%
Operating profit	£	£	£

8. Please provide a list of publications to be involved:

Name of Publication	Description	Frequency	Annual Circulation	Countries circulated to

9. Please confirm that you have procedures in place for ensuring that the appropriate rights are acquired for third party content used prior to publication

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10. a) Please confirm that all potentially contentious material is referred to solicitors for libel checking prior to publication

YES		NO	
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b) name of Solicitors

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11. Do you anticipate any major changes in these activities in the forthcoming 12 months

YES		NO	
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If YES, please give full details

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12. a) DO NOT ANSWER IF THIS PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

b) For what Limit/s of Indemnity are quotations required?

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13. a) In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of ANY of the risks to which this proposal relates?

YES		NO	
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If YES, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

b) What steps have been taken to prevent a recurrence?

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14. Is any Principal, **AFTER FULL ENQUIRY**, aware of:

(a) Any circumstance which might give rise to a claim against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(b) Any circumstances which might cause any loss to the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(c) Any matter which might otherwise affect the consideration of this proposal for insurance?

YES		NO	
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If **YES** to any of the above, please give details:

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Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Co Plc may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Co Plc in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Co Plc.

Signature of Principal:

Date:

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

All questions must be answered fully, and those questions not relevant to you should be marked N/A.

If there is insufficient space, please provide details on your letterhead.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION