

OBF

INSURANCE GROUP



MARKETING & MEDIA

PROFESSIONAL INDEMNITY
PROPOSAL FORM

Coverholder at

LLOYD'S

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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

Please Note:

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly and with reasonable care. The answers you give us must be true and complete. This is for your protection because, if you do not give us full and complete information, a claim under your policy could be declined or your cover cancelled. You should also advise us of any material changes in your circumstances which might alter the subject matter of the policy or the nature of the risk being insured. If you do not advise us of such changes, cover under the policy may be lost.
- The proposal form must be fully completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.

Please supply the following additional information:

- Company Brochure
- CVs of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

DETAILS OF THE PROPOSER

1. Name(s) of the Firm(s):

2. Address(es):

3. Website:

4. Email address:

5. Phone No:

6. Establishment Date of Firm(s):

7. Please state total number of:

Creative Staff:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

8. a) Details of all Directors/Partners/Principals:

Partners/Principals	Qualifications	Date Qualified	How long a Director, Partner, Principal of this firm/company

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

c) Do you or any of your Principals/Directors/Partners have any association with or financial interest in any other practice, company or organisation?

Yes

No

If Yes, please provide details of the nature of the association, together with the name of the business and activities undertaken:

9. Do you use independent sub-contractors?

Yes

No

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?

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

Yes

No

10. Is your business a member of any professional organisation or trade association?

Yes

No

If Yes, please provide full details:

DETAILS OF ACTIVITIES/INCOME/FEES

1. a) Please give details of the five largest contracts commenced in the past three years:

Start Date/ End Date	Name of Client/Business / /	Nature of Contract / /	Total Contract Value	Income to you

b) Within the past three years, what is the average value of all contracts you were involved in?

2. a) Please provide the details of your gross fees:

	Laet Financial Year	Current Financial Year	Estimate for next Financial Year
Gross Fee			
Maximum Fee			
Average Fee			

b) Financial Year End:

c) Please provide a percentage split of your income by geographical area:

	% of Gross Fees
Domestic Contracts	
UK Contracts	
EU Contracts	
USA/Canada (Subject to non USA/Canada Law)	
USA/Canada (Subject to USA/Canada Law)	
Rest of the World	

d) If Rest of the World work is carried out, please list the countries in which services are performed:

e) Please provide a split of activities in the previous financial year or next year estimate if a new business:

	%
Commercial TV	
Production of advertisements	
Media spend (whether purchased by you or by a media independent relative to your creative work)	
Other Media	
Production of advertisements	
Media spend (whether purchased by you or by a media independent relative to your creative work)	
Printed Literature / Documents	
Direct Marketing	
Mailshots	
Postage Costs	

	%
Telemarketing	
Database management and list broking	
Sales Promotion	
Marketing (including all market research)	
Fees	
Production Cost	
Public Relations	
Human Resources	
Specialist Design (Graphic Design)	
Fees	
Production Cost	
Specialist Design (Corporate Identity)	
Fees	
Production Cost	
Other work (please provide details)	
TOTAL:	100%

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

g) What is your average size mailing?

h) Do you do 100% mailings? Yes No

If Yes, please give details

3. Please answer:

a) 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

Are all deviations to the above specification contract reported? Yes No

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

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

b) Do you commit your clients to contracts with third parties? Yes No

If Yes, do you always obtain your clients' written acceptance of the terms of contracts before committing them? Yes No

If No, please provide details

c) Does the above split accurately reflect: Your business activities in the past? Yes No

Your estimated business activities during the coming year? Yes No

If NO, to either of the above, please explain the differences:

d) Details of what you regard as your speciality within this industry, including your main areas of expertise. If you are a new firm, please provide details of your anticipated specialisation:

e) Is there any other information that you consider material to the insurance required?

Yes No

If Yes, please provide details:

PREVIOUS/CURRENT INSURANCE

1. Does the Firm currently have a Professional Indemnity Insurance policy in force?

Yes No

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer?

Yes No

If Yes, please provide full details:

3. Please indicate the Limit of Indemnity required:

€500,000 €1,000,000 €1,500,000 €2,000,000 €2,500,000
€3,000,000 €5,000,000

Please specify if other:

4. What Excess is the Proposer prepared to carry uninsured?

€1,000, €2,500, €5,000, €10,000 or 'Other'

CLAIMS/CIRCUMSTANCES INFORMATION

1. (a) Has any claim been brought against you arising from the performance of your business activities for a client or has anyone threatened to bring such a claim?

Yes No

If Yes, please provide full details:

- b) Are you aware of any shortcoming in your work for a client which is likely to lead to a claim against you? This includes i) a shortcoming known to you, but not your client, which you cannot reasonably put right; ii) a complaint from your client about your work or anything you have supplied which cannot be immediately resolved; iii) an escalating level of complaint from your client on a particular project; iv) a client withholding payment due to you after any complaint:

Yes No

If Yes, please provide full details:

- c) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelancer?

Yes No

- d) Do you currently have any grounds, after reasonable enquiry, for suspecting that such a person has acted dishonestly or maliciously?

Yes No

If YES to either, please provide full details:

DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, www.obf.ie.

What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub –contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

Your Rights under our Data Protection Policy

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Síochána
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: