



In association with **Hollard.**

# PROPOSAL FORM Multimedia PI

**Hollard.**

Underwritten by The Hollard Insurance Co. Ltd,  
an authorised Financial Services Provider

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Please answer **ALL** questions completely  
 Should any question or part thereof not be applicable, please state "N/A"  
 Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured \_\_\_\_\_
2. Physical Address \_\_\_\_\_
3. VAT Number \_\_\_\_\_
4. Company Website \_\_\_\_\_

5. Total gross income/Fees for the current and the past 3 financial years

|              |  |                            |  |        |  |
|--------------|--|----------------------------|--|--------|--|
| Year 1       |  | Year 2                     |  | Year 3 |  |
| Current year |  | Date of financial year end |  |        |  |

6. Is the Proposer controlled, owned or associated with any other firm, corporation or company

7. Number of principals, partners, officers and professionals

8. Number of non-professional employees

| Name of all partners / principals / key employees | Professional qualification | Date qualified | How long partner/ principal in practice |
|---|----------------------------|----------------|---|
|   |                            |                |   |
|   |                            |                |   |
|   |                            |                |   |
|   |                            |                |   |
|   |                            |                |   |

9. Does the Proposer belong to any professional association(s)

10. Does the Proposer use a written contract with clients

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please attached a copy of your standard contract*



11. Does the Proposer have any Risk Management Procedures in place to assist in preventing claims

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details

12. What percentage of the Proposer's business involves sub-contracting to others

13. Does the Proposer use a written contract with such sub-contractors

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

14. Do you limit your liability under contract

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please attached a copy of your standard contract

15. Is any work undertaken currently or planned to be undertaken outside of South Africa

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

16. Does the Proposer currently have PI cover in place

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details

a. Name of Insurer

b. Expiry Date

c. Limit of Indemnity

d. Retroactive Date

e. Deductible

f. Premium

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

17. Has any similar insurance ever been declined or cancelled

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details

18. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or the Proposer

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details



19. Have any PI claims been made against any proposed Insured(s) during the past five years

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details

## INCOME/FEES

For the income / fees listed in Question 4, please give the approximate percentage derived from each of the activities listed

| Activity               | % of income / fees |
|------------------------|--------------------|
| Publishing             |                    |
| Distribution           |                    |
| Printing               |                    |
| TV Broadcasting        |                    |
| Radio Broadcasting     |                    |
| Satellite Broadcasting |                    |
| Film production        |                    |
| Post Film Production   |                    |
| Media Buyer TV         |                    |
| Media Buyer Non-TV     |                    |
| TV Advertising         |                    |
| Non-TV Advertising     |                    |
| Promotional Materials  |                    |
| Direct Mail/Marketing  |                    |
| Market Research/PR     |                    |
| Graphic Design         |                    |
| Games/Competitions     |                    |
| Other                  |                    |

Please specify 'Other'



## PUBLISHING

(Complete this section only if you have publishing operations)

1. Indicate percentage of each type of book published / distributed:

|                               |   |                          |   |
|-------------------------------|---|--------------------------|---|
| <b>Textbooks</b>              | % | <b>Classics</b>          | % |
| <b>Children's</b>             | % | <b>Technical</b>         | % |
| <b>Current biography/auto</b> | % | <b>Social, political</b> | % |
| <b>Fiction, drama</b>         | % | <b>Poetry</b>            | % |
| <b>History</b>                | % | <b>Religious</b>         | % |
| <b>Other</b>                  | % | <b>Other</b>             | % |

Please specify 'Other'

|  |
|--|
|  |
|  |

2. Gross annual sales for book publishing:

- a. Publishing
- b. Distribution
- c. Subsidiary rights
- d. Total

|  |
|--|
|  |
|  |
|  |
|  |

3. Are book publications reviewed by:

- a. In-house counsel
- b. Outside counsel
- c. Other (please describe)
- d. Name of outside counsel

|  |
|--|
|  |
|  |
|  |
|  |

4. Percentage of indemnification provided by author through publishing contract

|  |   |
|--|---|
|  | % |
|--|---|

5. Describe standard procedures for checking originality, works, accuracy or content, title clearance, etc.

|  |
|--|
|  |
|  |



6. List all newspapers and magazines that the Proposer publishes

| Name | Location | Frequency of circulation | Average circulation |
|------|----------|--------------------------|---------------------|
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |
|      |          |                          |                     |

7. Primary circulation areas:

- a. National
- b. Metro
- c. Regional
- d. Rural
- e. Community
- f. Campus
- g. Other *Please specify*

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |

8. Editorial Procedures

- a. Is a firm of attorneys consulted in respect to media law
- b. Are letters-to-the-editor edited
- c. Does Proposer have written hold-harmless indemnity agreements with advertisers and advertising agencies
- d. Does Proposer engage in “investigative” reporting or exposes

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |

*If YES, please describe methods for documenting sources of information*

|  |
|--|
|  |
|  |



## BROADCASTING

(Complete this section only if you have broadcasting exposures)

1. Gross annual sales from broadcasting services

2. Check where applicable:

- a. Network affiliation *Please specify*
- b. Independent
- c. Public Broadcasting
- d. Educational
- e. Religious
- f. All news

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |

3. Radio Broadcasting: List stations owned or operated by Proposer

| Name | AM/FM | Advertising rate per hour | Highest 30 sec. spot rate |
|------|-------|---------------------------|---------------------------|
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |

4. Television Broadcasting: List stations owned or operated by Proposer

| Name | AM/FM | Advertising rate per hour | Highest 30 sec. spot rate |
|------|-------|---------------------------|---------------------------|
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |
|      |       |                           |                           |

1. Programming procedures:

*If **YES**, attach description of methods for documenting sources of information*

- a. Is a firm of attorneys consulted with respect to media law
- b. Are newsmen familiar with current libel law
- c. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |



- d. Do news teams engage in “investigative” reporting
- e. Are “action reporters” or similar consumer programs broadcast or telecast
- f. Are talk shows and interview programs pre-taped or prerecorded
- g. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer.  
*If **YES**, attach copy of agreement.*
- h. Is a delay device used during “call-in”/other live audience participation programming over radio stations
- i. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |
| Yes |  | No |  |

## PRINTING SERVICES

*(Complete this section only if you provide printing services for others)*

1. Gross annual sales from broadcasting services

2. Indicate percentage of gross receipts derived from each of the following:

|   |   |  |   |
|---|---|--|---|
| Business and legal forms, including stationery                              | % | Discount/rebate coupons  | % |
| Corporate or financial related materials (annual reports, prospectus, etc.) | % | Catalogues   | % |
| Books   | % | Yellow page directories  | % |
| Games of chance (i.e. chances, lottery tickets)                             | % | Wedding invitations, calling cards, other social announcements | % |
| Pamphlets and flyers  | % | Bindery  | % |
| Other   | % | Computer graphics  | % |

*Please specify 'Other'*

3. If the Proposer performs services for games of chance, please attach a copy of procedures and controls employed, and complete details of each type of game printed

4. Does the Proposer engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please attach details including specific contracts*





5. Does the applicant engage in the design of logos or trademarks for clients  Yes  No

*If **YES**, please attach a narrative describing (a) the number designed per year and (b) the procedures followed for trademarks/ copyrights*

6. Does the applicant engage in the obtaining or providing of mailing lists to clients  Yes  No

7. Does the applicant require clients to approve all proof copies before printing  Yes  No

8. Please describe any 'Other' activities above

|  |  |
|--|--|
|  |  |
|--|--|

**LIMIT OF INDEMNITY**

|                   | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------------|----------|----------|----------|----------|
| <b>Quote</b>      |          |          |          |          |
| <b>Deductible</b> |          |          |          |          |

**DECLARATION**

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

\_\_\_\_\_  
Name (duly authorised)

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Signature

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date