PROPOSAL FORM
Professional Indemnity
Multimedia

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 _____ Code _____
3. Vat Number _____
4. Company Website _____
5. Total gross income / Fees for the current and the past financial years
   i. Past Financial Year end:
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
   ii. Current Financial Year end:
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
   iii. Future Financial Year end (estimate):
      Date _____
      Domestic Fees R _____
      Sub-consulted Fees R _____
      International Fees R _____
      TOTAL ANNUAL FEES **R** _____
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 this practice
1.			
2.			
3.			
4.			
5.			

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9. Do you belong to any Professional Associations or Regulatory bodies? Yes ☐ No ☐
If **YES**, please provide details

Has any membership been cancelled, revoked, suspended or declined? Yes ☐ No ☐

10. Does the Proposer use a written contract with clients Yes ☐ No ☐
If **YES**, please attach 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 attach a copy of your standard contract

15. Is any work undertaken currently or planned to be undertaken outside of South Africa? Yes ☐ No ☐
If **YES**, please provide details

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

20. Provide a detailed description of your business?

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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:*	%

PUBLISHING

(Complete this section only if you have publishing operations)

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

Textbooks	%	Classics	%
Children's	%	Technical	%
Current biography / auto	%	Social, political	%
Fiction, drama	%	Poetry	%
History	%	Religious	%
Other	%	Other	%
Please specify 'Other'		Please specify 'Other'	

2. Gross annual sales for book publishing:

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

3. Are book publications reviewed by:

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

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4. Percentage of indemnification provided by author through publishing contract _____ %

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

_____

_____

6. List all newspapers and magazines that the Proposer publishes

Name	Location	Frequency of circulation	Average circulation

7. Primary circulation areas:

a. National Yes ☐ No ☐

b. Metro Yes ☐ No ☐

c. Regional Yes ☐ No ☐

d. Rural Yes ☐ No ☐

e. Community Yes ☐ No ☐

f. Campus Yes ☐ No ☐

g. Other *Please specify* _____ Yes ☐ No ☐

8. Primary circulation areas:

a. Is a firm of attorneys consulted in respect to media law Yes ☐ No ☐

b. Are letters-to-the-editor edited Yes ☐ No ☐

c. Does Proposer have written hold-harmless indemnity agreements with advertisers and advertising agencies Yes ☐ No ☐

d. Does Proposer engage in "investigative" reporting or exposes Yes ☐ No ☐

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

_____

_____

BROADCASTING

(Complete this section only if you have broadcasting exposures)

1. Gross annual sales from broadcasting services R _____

2. Check where applicable:

a. Network affiliation *Please specify* Yes ☐ No ☐

b. Independent Yes ☐ No ☐

c. Public Broadcasting Yes ☐ No ☐

d. Educational Yes ☐ No ☐

e. Religious Yes ☐ No ☐

f. All news Yes ☐ No ☐

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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

5. 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	Yes ☐	No ☐
b.	Are newsmen familiar with current libel law	Yes ☐	No ☐
c.	Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials	Yes ☐	No ☐
d.	Do news teams engage in "investigative" reporting	Yes ☐	No ☐
e.	Are "action reporters" or similar consumer programs broadcast or telecast	Yes ☐	No ☐
f.	Are talk shows and interview programs pre-taped or prerecorded	Yes ☐	No ☐
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.	Yes ☐	No ☐
h.	Is a delay device used during "call-in" / other live audience participation programming over radio stations	Yes ☐	No ☐
i.	Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements	Yes ☐	No ☐

PRINTING SERVICES

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

1. Gross annual sales from printing services R _____

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

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

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5. Does the applicant engage in the design of logos or trademarks for clients Yes ☐ No ☐
*If **YES**, 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

ARTIFICIAL INTELLIGENCE (AI)

1. Do you make use of any Generative Artificial Intelligence / Machine Learning in your business, if yes; Yes ☐ No ☐

- Please describe what and how it is used within your business.
- Who has the authority to use such tools?
- How do you monitor the usage of such tools?
- What percentage of your business is reliant on such tools?
- How do you as a business check and verify the output generated from such tools that it makes sense and is reliable?
- Who has the final say in utilizing such output into your business?

LIMIT OF INDEMNITY

	Option 1	Option 2	Option 3	Option 4
Quote				
Deductible				

PRIVACY

In accordance with the applicable laws, we may be required to share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

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DECLARATION

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 _____

Date _____

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