





## **CHURCHILL INSURANCE CONSULTANTS**

MEDIA & MARKETING PROPOSAL FORM
PROFESSIONAL INDEMNITY INSURANCE

**Churchill Insurance Consultants Ltd.** 

## **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 Insurers 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 provide the follo	wing details	s:			
ame of Practice					
ddress					
elephone			Fax		
mail			Website Address		
ractice Establishment Date				L	
					ousinesses, or the previous
usiness activities of any Pri				separate	sheet and all the
	oposal form	relates to all the	001111001110011		
formation you give this pro	oposal form		(City / Town)	Nature	of Operation of Business
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formation you give this property Name  Please provide the follo		Location		Nature	of Operation of Business
formation you give this pro	wing details	Location			of Operation of Business  Years in the Industry
Please provide the follo	wing details	Location	(City / Town)		
Please provide the follo	wing details	Location	(City / Town)		
Please provide the follo  Name in full of all  Principals	wing details	Location	(City / Town)  How long with Pro	pposer/s	Years in the Industry
Please provide the follo	wing details Qu	Location	(City / Town)  How long with Pro	pposer/s	Years in the Industry
Please provide the follo  Name in full of all  Principals  this is a new business or v	wing details Qu	Location	(City / Town)  How long with Pro	pposer/s	Years in the Industry
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Please provide the follo  Name in full of all  Principals  this is a new business or wease attach their brief CV.	wing details Qu where a Prin	Location  S:  alifications  cipal has been wo	How long with Pro	pposer/s industry f	Years in the Industry  for less than five years,

<b>5b.</b> For which work a	re they used and how o	do you sele	ct and mana	ige them?		
Ec. Do you ensure th	ey haye their own Plin	surance?				
c. Do you ensure they have their own PI insuran				No	Yes	
<b>6.</b> Is your business a	member of any profess	ional		N.		
5. Is your business a member of any professional organisation or trade association?			No		Yes	
f <b>YES</b> , please provide fu	ull details:					
7a. Please give detail	s of the five largest con	tracts com	menced in t	he past three years		
Start Date / End Date	Name of client /	Nature o	of contract	Total Value	Income to you	
	Business of client	10000				
1						
2						
3						
4						
5						
	hree years, what is the	average				
value of all contracts yo	ou get involved in?					
Ba i. Please state Tur	nover including fee inco	ome:				
		Past Yea	ar Ending	<b>Estimate for Whole</b>	<b>Estimate for Comin</b>	
		(	)	Current Year	Year	
Turnover including f	ee income:					
Ba ii. Estimated perce	entage split of your turi	nover inclu	ding fee inco	ome for:		
Work carried out for	UK clients		%	%	%	
Work carried out for	US / Canadian clients		%	%	%	
not subject to US / Car	nadian law		70	70	70	
Work carried out for	US / Canadian clients		%	%	%	
subject to US / Canadia	an law	<u></u>	70	70	%	
Mark carried out for						
work carried out for	r clients anywhere		%			

Operating profit

Commercial TV		
Production of advertisements		
Media spend (whether purchased by you or by me	dia independent relative to your	
reative work)		
Other Media		
Production of advertisements		
Media spend (whether purchased by you or by me	dia independent relative to your	
reative work)		
Printed Literature / Documents		
Direct Marketing		
Mail Shots		
Postage Costs		
Telemarketing		
Database Management and List Broking		
Sales Promotion		
Marketing (including all market research)		'
Fees		
Production costs		
Public Relations		
Fees		
Production costs		
Specialist Design (Graphic Design)		
Fees		
Production costs		
Specialist Design (Corporate Identity)		
Fees		
Production costs		
Other Work		
Total		
Please provide Details:		
TOTAL TURNOVER INCLUDING FEE INCOME*		
Please Note, this figure should be as per answer to Qu	estion <b>8a i</b> , for the past year endir	ng.
<b>c i.</b> Does the above split accurately reflect your usiness activities in the past?	No	Yes
<b>c ii.</b> Does the above split accurately reflect your stimate Business activities during the coming year?	No	Yes
NO to either of the above, please explain the difference	ces:	

<b>8d i.</b> What is your largest mailing (by number of pieces mailed)?		
8d ii. What is your average size mailing?		
8d iii. Do you do 100% mailings?	No	Yes
If <b>YES</b> , please provide more details:		
<b>9a i.</b> Do you always have a written specification with your clients for each job which includes campaign details, volume, quality, timings and sign off	No	Yes
procedures?		
<b>9a ii.</b> Are all deviations to the above specification contract reported?	No	Yes
<b>9a iii.</b> Do you always use a purchase order, or equivalent, when employing subcontractors which mirror any client obligations for each contract?	No	Yes
<b>9a iv.</b> Do you always obtain final client sign off before going to print?	No	Yes
<b>9b.</b> Do you commit your clients to contracts with third parties?	No	Yes
If <b>YES</b> , do you always obtain your clients' written acceptance of the term of contracts before committing them?	No	Yes
If <b>NO</b> , please provide details		
<b>9c.</b> Details of what you regard as your speciality within	this industry, including your n	nain areas of expertise. If
you are a new firm, please provide details of your anticipation of the provide details of your anticipation of your antic	ated specialisation:	

10a. DO NOT ANSWER IF THIS PROPOSAL IS FOR RENE CONSULTANTS	WAL OF INSURANCE WITH CH	URCHILL INSURANCE
Name of current insurers		
Name of your broker		
Renewal date		
Limit of indemnity		
Premium		
Excess		
<b>10b.</b> For what Limit/s of Indemnity are quotations required?		
<b>11a.</b> 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?	No	Yes
If <b>YES</b> please provide full details:		
11b. Are you aware of any shortcoming in your work for a client who is likely to lead to a claim against you? This includes	No	Yes
<ul> <li>i. a shortcoming known to you, but not your client, which you cannot reasonably put right;</li> <li>ii. a complaint from your client about your work or anything you have supplied which cannot be immediately resolved;</li> <li>iii. an escalating level of complaint from your client on a particular project;</li> <li>iv. a client withholding payment due to you after any complaint</li> </ul>		
If <b>YES</b> please provide full details:		
<b>11c i.</b> Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelancer?	No	Yes
<b>11c ii.</b> Do you currently have any grounds, after reasonable enquiry, for suspecting that such a person has acted dishonestly or maliciously?	No	Yes

If YES to EITHER please provide full details:					
		RELATED COVERS			
Do you have the foll	owing covers in place?	(If	(If yes, please provide your renewal date)		
Business Insurance	No	Yes			
Directors & Officers	No	Yes			
Crime Insurance	No	Yes			
Cyber Liability	No	Yes			
Private Medical Insur	rance No	Yes			
	Please use the space	below to provide any additio	nal information		

## Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers 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 Insurers, 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 Insurers.

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. Churchill Insurance Consultants Ltd 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 us 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 us.

Signature of Principal:	
Date:	

This proposal should be accompanied by a copy of your standard terms and conditions

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.

Churchill Insurance Consultants Ltd is owned by Brokerbility Holdings Ltd and are authorised and regulated by the Financial Conduct Authority (Registration Number: 305786).

**Churchill Insurance Consultants Ltd.**