



# Multi-Media Liability Insurance Proposal Form

## IMPORTANT NOTICES

The proposed insurance is issued on a 'claims made' basis. This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to Pacific Indemnity Underwriting Solutions Pty Ltd during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the Insurance Contracts Act which states:

'where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract.'

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

**Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below.**

### Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

### Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

### Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

### Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then Pacific Indemnity Underwriting Solutions Pty Ltd shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

### Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

### Wholesale only

Pacific Indemnity Underwriting Solutions Pty Ltd is only licensed to offer or provide General Insurance products or services which do not include any of the following types of General Insurance (which are defined by the Corporations Act as "retail"): Motor Vehicle, Home Building, Home Contents, Sickness and Accident, Consumer Credit, Travel, Personal or Domestic Property, Medical Indemnity or any other kind of General Insurance which has been prescribed by the Corporations Regulations.

### About Pacific Indemnity Underwriting Solutions Pty Ltd

Pacific Indemnity Underwriting Solutions Pty Ltd, ABN 14 606 511 639, specialises in Professional Risk insurance (including Professional Indemnity Insurance, Malpractice Insurance, Information & Communication Technology Insurance, Management Liability Insurance and similar products).

Pacific Indemnity's Australian Financial Service Licence number is 480863.

## Multi-Media Liability Insurance Proposal Form

### 1. Details of Proposer

(a) Full legal name(s) of each natural person & incorporated body to be insured, and any Trading Name(s)

(b) ABN

(c) Contact Person

(d) Commencement Date of business

(e) Name(s) of any legal entity the business has operated under other than the one in answer to Q1(a)

(f) Name(s) of any other business your business has purchased, merged or consolidated with

### 2. Address

(a) Street Address

(b) Suburb

(c) State

(d) Postcode

(e) Postal Address (if different)

(f) Telephone

(g) Email Address

(h) Website

(i) Other office locations

**3. a) Details of Media activities undertaken**

**3. b) Have you previously undertaken any types of Media activities which are not now undertaken** (If "Yes", please provide details) **YES NO**

**4. Total amount of the Proposed Insured's Gross Fee Income for the following periods**

(a) Previous 12 months

(b) Last 12 months

(c) Next 12 months

Fee income should also include income from joint ventures and fees attributable to sub-contractors and sub-consultants.

**5. a) Please allocate the media activities undertaken by you and indicate the percentage (%) of your total gross income each activity represents:**

Media Activity	%Fee Income	Media Activity	%Fee Income
Advertising Agency	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Graphic Design	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Photography / Cameraman	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Video Production Consulting	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Copy writer	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Journalist	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Publishing - Newspapers, Magazines, Books and/or other print media	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Website Design Services	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Commercial Printing	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Marketing Consulting	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Online / Digital Broadcasting and/or Publishing	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Writing Consulting and/or services	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Editing	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Public Relations Consulting	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Radio Broadcasting	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Writer / author	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Film / Television Production	<input style="border: 1px solid #ccc;" type="text" value="%"/>	Other (please specify below)	<input style="border: 1px solid #ccc;" type="text" value="%"/>
Television Broadcasting	<input style="border: 1px solid #ccc;" type="text" value="%"/>	<b>Total 100 %</b>	<input style="width: 150px;" type="text"/>

**6. Are any of the Proposed Insured's media activities performed outside of Australia or provided to clients based outside of Australia?** **YES NO**

*If "Yes", please give details of the name of the client(s), the country they are located within and what service(s) are provided*

Name of client(s)	Country	Services provided
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Risk Management

**7. Are written disclaimers included with advice being given?** **YES NO**

*If "Yes", please provide details*

**8. Are written disclaimers or hold harmless agreements executed with any third parties with respect to the production, distribution or sharing of content or the provision of services?** **YES NO**

*If "Yes", please provide details.*

**9. Do you have a documented quality assurance or risk management program which addresses risks related to your services?** **YES NO**

*Please provide highlights of the program which you have implemented to reduce / manage risk related to exposures covered by this policy.*

**10. Is there a principal/director/partner responsible for overseeing risk management within your business?** **YES NO**

*If "Yes", please provide the role such person has in the business and the qualifications and experience of such person.*

**11. Do you have “take-down”, withdrawal, removal, clarification or apology procedures or controls in place with respect to any content contained on any insured medium being proposed for insurance within this proposal?** **YES** **NO**

*If “Yes”, please provide details of the controls or procedures in place*

**12. What is the legal review process in place in respect of media, defamation and copyright law, including: content review, editorial procedures and ownership or licensing of copyrighted content with respect to any content contained on any insured medium being proposed for insurance within this proposal?** **YES** **NO**

*If you use external legal advisers please name the legal practice and relevant partner.*

*If you use internal legal advisers, please provide the role such person(s) has in the business and the qualifications and experience of such person(s).*

**13. In respect of the Insured Medium specified in this proposal for insurance, is a delay device used during all live interviews and all other live programming?** **YES** **NO**

*If “No” please provide details as to what alternative procedures and controls are in place to monitor live programming.*

## Claims Information

**14. After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Proposed Insured, its Subsidiaries, its predecessors in business or its current or former Partners/ Principals/Directors or employees for a Civil Liability in undertaking the Proposed Insured’s Media activities?** **YES** **NO**

*If “Yes”, please give details*

Date of Claim	Details of each Claim	Claimant	Amount Paid and/or Outstanding
/ /			\$
/ /			\$
/ /			\$

**15. After enquiry of the Partners/Principals/Directors and employees, is the Proposed Insured or any of its Subsidiaries aware of any circumstance or incident which may give rise to a claim against the Proposed Insured, its Subsidiaries or its Partners/ Principals/ Directors or employees?** **YES    NO**

*If "Yes", please give details*

Name of Practice and/ or Principal	Claimant	Details of each Claim	Amount Paid and/or Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**16. After enquiry of the Partners/Principals/Directors and employees, is the Proposed Insured or any of its Subsidiaries aware of any prosecution or investigation (actual or pending) of the Proposed Insured, any Subsidiary, or any Partner / Principal/Director or employees under any International, Commonwealth, State or Local statute, legislation, regulation or By Law?** **YES    NO**

*If "Yes", please give details*

**17. After enquiry of the Partners/Principals/Directors and employees, has the Proposed Insured, any Subsidiary or any Partner/Principal/Director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?** **YES    NO**

*If "Yes", please give details*

## Details of Current Insurance

**18. As at today's date does the Proposed Insured have Professional Indemnity Insurance currently in force that has been paid for?** **YES** **NO**

*If "Yes", please state*

Insurer	<input style="width: 95%;" type="text"/>
Indemnity Limit	<input style="width: 95%;" type="text"/>
Expiry Date	<input style="width: 95%;" type="text"/>
Retroactive Date	<input style="width: 95%;" type="text"/>

**19. Has the Proposed Insured ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance Policy?** **YES** **NO**

*If "Yes", please give details*

**20. Please advise the preferred Policy Limit**

### Policy limit

<input type="radio"/> \$1,000,000	<input type="radio"/> \$2,000,000	<input type="radio"/> \$5,000,000	<input type="radio"/> \$10,000,000
Other <input style="width: 150px;" type="text" value="\$"/>			

## Stamp Duty

**21. For the purpose of calculating Stamp Duty please state the percentage of the Proposed Insured's gross income/fees that was earned in each state in the last 12 months:**

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas	Total
<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>	<input style="border: 1px solid #ccc; border-radius: 5px;" type="text" value="%"/>

*\*If "Yes" to overseas operations, please give details of the overseas work*



## 22.A. Publishing - Book Publishers

Please provide the number of books in each category specified below, published in the last twelve (12) months.

Category	Number of publications per year	Category	Number of publications per year
Fiction	<input type="text"/>	Political / Religious / Social (please provide details below or attached*)	<input type="text"/>
Educational / Scientific / Technical	<input type="text"/>	Health / Medical	<input type="text"/>
Financial / Investment (please provide details below or attached*)	<input type="text"/>	General / Non-fiction	<input type="text"/>
Autobiographies	<input type="text"/>	Biographies -Unauthorised (please provide details below or attached*)	<input type="text"/>
Biographies - Authorised (please provide details below or attached*)	<input type="text"/>		

  


\* Note: Sample copies may be required for risk assessment

## 22.B. Publishing - Newspapers, magazines and other print media

Please provide the following details of each publication issued in the last twelve (12) months

Name of Publication*	Date first published	Frequency of Publication (D, W, Y, O)	Annual Circulation	Subject matter of Publication
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Note: Sample copies may be required for risk assessment

What percentage of publications listed above are published in an on-line/digital format?

## 22.C. Broadcasting - Television and/or radio stations

Do you provide radio broadcasting services?

YES NO

*If "Yes", please complete the following table*

Radio station call letters and/or name of station	Transmission hours / day	Briefly describe the format(s) or type of programming of the station
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you provide television broadcasting services?

YES NO

*If "Yes", please complete the following table*

Name of TV station	Transmission hours / day	Briefly describe the format(s) or type of programming of the station
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 22.D. On-line / digital broadcasting and publishing

Please list:

Internet Site (including URL)	Date On-line	Average views per day
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 22.E. Other medium

**Other than detailed above - please specify (if any other) the medium via which multimedia services are provided, the nature of the multimedia services and content contained in each medium, how long these services have been provided and the size/views/account holders/subscribers/circulation, etc. of each medium.**

## Additional information and accompanying documents

Please provide any additional information that is material to this application and list any accompanying documents below.

## Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to Pacific Indemnity Underwriting Solutions Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Pacific Indemnity Privacy Policy including for processing this application and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/ company/ practice/business.

Name:

Title:

Signature:

Date:

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being avoided.