



MULTIMEDIA LIABILITY INSURANCE PROPOSAL FORM

- Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable and will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed and dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the "Yes" or "No" box which best indicates your reply.

Your details

1. Name **a. Year of commencement**
 Full legal name of each natural person and incorporated body to be insured as well as any unincorporated business or trading names.

b. Are you registered for GST purposes? No Yes **What is your ABN?**

2. Address

a. Principal address **Postcode**

Telephone no. Facsimile No. Mobile

Email address Website address

b. Other locations

3. Particulars of all Principals

Name of Principal	Age	Qualifications / Experience	Years practicing as Principal	
			Current Business Practices	Previous Business Practice

4. Principals' previous business (incoming):

Name of Principal	Name of Principal's previous business practice	Date Principal left that practice
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5. Prior corporate entity:

Has the name of the person, firm or incorporated body detailed in answer to Question 1. been changed, or has any other business been purchased or has any merger or consolidation of your businesses taken place?

No Yes  Please detail changes in chronological order.

6. State the number of staff in each of the following classifications:


a. Principals / Directors / Partners

b. Other employees (full time equivalent)

c. Contractors / volunteer workers / students

Total of all staff

7. Are you a member in good standing of a professional association or society that is associated with your type of business or activity?

No Yes  Please give full details of membership status.

Income

8. a. Please state the gross income (including fees and sales income) of the people, firms or incorporated bodies detailed in answer to Question 1. for the last 12 months. **Include** fees paid to sub-consultants appointed by you. **Exclude** fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$

Overseas \$

b. Please state the estimated gross income (including fees and sales income) for the next 12 months on the same basis as specified in a. above.

Australia \$

Overseas \$

c. For Stamp Duty purposes, please provide a percentage breakdown of the gross income disclosed in a. above by State or Territory.

ACT

%

NSW

%

VIC

%

QLD

%

SA

%

WA

%

TAS

%

NT

%

Overseas

%

Total

%


d. Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance? (Generally speaking, you are a small business if your aggregated turnover is less than \$2 million.) For more information, visit www.revenue.nsw.gov.au/taxes/insurance/exemptions

Yes

No

Overseas work (outside Australia/New Zealand)

9. Have you ever undertaken, or are you likely to undertake, work overseas?

No Yes  Please provide the following details of such work.

Country	Type of Representation (e.g. branch or affiliate office)	Dates of Commencement/ Closure	Annual Income	Type of Work
		DD / MM / YY		
		DD / MM / YY		
		DD / MM / YY		

Joint ventures

10. a. Are you or any principal currently, and / or have you or any principal ever been a member of any Joint Venture?

No Yes Please provide the following information in respect of each such Joint Venture.

b. Please provide the description (including names/parties) and nature of the Joint Venture project. Additional information may be requested depending on the nature, size and type of Joint Venture.

Your multimedia activities

11. a. State fully the multimedia services provided by your business. Please provide clear details of the nature and type of advice and services provided and copies of any brochures or other documentation which may assist CGU Insurance in gaining a better appreciation of the risk being proposed.

b. Please categorise the multimedia services disclosed in **a.** above and indicate the percentage of your total gross income disclosed in Question **8. a.** each activity represents.

i. Advertising Agency	<input type="text"/>	%	x. Television Broadcasting	<input type="text"/>	%
ii. Photography / Cameraman	<input type="text"/>	%	xi. Graphic Design	<input type="text"/>	%
iii. Copy writer	<input type="text"/>	%	xii. Video Production Consulting	<input type="text"/>	%
iv. Publishing – Newspapers, Magazines, Books and/or other print media	<input type="text"/>	%	xiii. Journalist	<input type="text"/>	%
v. Commercial Printing	<input type="text"/>	%	xiv. Website Design Services	<input type="text"/>	%
vi. Online / Digital Broadcasting and/or Publishing	<input type="text"/>	%	xv. Marketing Consulting	<input type="text"/>	%
vii. Editing	<input type="text"/>	%	xvi. Writer / author	<input type="text"/>	%
viii. Radio Broadcasting	<input type="text"/>	%	xvii. Public Relations Consulting	<input type="text"/>	%
ix. Film / Television Production	<input type="text"/>	%	xviii. Writing Consulting and/or services	<input type="text"/>	%
			xix. Other (please specify below)	<input type="text"/>	%
			Total	<input type="text"/>	%

Risk management

12. Does any one client (or group of companies) account for more than 20% of your income? If so, in respect of each such client, state the approximate percentage of your income derived from that client or group of companies. Also explain your relationship with that client and the services you provide to them.

No Yes Please provide details below.

13. a. Are written disclaimers or hold harmless agreements executed with any third parties with respect to the production, distribution or sharing of content, the provision of services or with advice being given?

No Yes Please provide details of the disclaimers or agreements in place.

b. Do you have a documented quality assurance or risk management program which addresses risks related to the multimedia services disclosed in Question 11.?

No Yes Please provide highlights of the program which you have implemented to reduce / manage risk related to your business.

c. Is there a principal/director/partner responsible for overseeing risk management within your business?

No Yes Please provide the role this person has in the business and the qualifications and experience of this person.

d. 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?

No Yes Please provide details of the procedures or controls in place.

e. 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 in the multimedia services disclosed in Question 11.?

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).

f. In respect of the multimedia services disclosed in Question 11., 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 and circumstances

14. Please answer the following questions after enquiry within your organisation.

a. During the past 10 years has any claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No Yes Please give details

Year notified	Insurer	Claimant	Nature of problem	Amount paid and/or outstanding
				\$
				\$

b. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No Yes Please give details

Name of practice and principal	Claimant	Nature of problem	Estimate
			\$
			\$

- c. Are there any claims against previous practices which have been identified in Questions 4. or 5. of this proposal, which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No Yes Please give details

Name of practice and principal	Claimant	Nature of problem	Amount paid and/or outstanding
			\$
			\$

- d. Has any entity, principal or staff member to be insured, ever been subject to disciplinary proceedings for professional misconduct?

No Yes Please give details

Name of entity, principal or staff member	Name of body running the proceeding	Name of Complainant	Nature of allegation / complaint. Current status & finding

Insurance history

15. a. Are you currently insured for multimedia, defamation or professional indemnity insurance?

No Yes Please complete the table below for the last 3 years.

- b. If you are not, have you ever been insured for multimedia, defamation or professional indemnity insurance?

No Yes Please complete the table below for the last 3 years you were insured.

Name of Insurer	Period Insured	Sum Insured	Excess
		\$	\$
		\$	\$
		\$	\$

16. Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or imposed special terms?

No Yes Please provide details below.

Cover required

17. Please indicate which policy limit(s) you would like a quote for:

\$1 million \$2 million \$5 million Other \$

Optional extensions – Employment Practices Liability and/or Fidelity Cover

18. a. Do you require Employment Practices Liability cover, subject to an additional premium?

No Yes A further addendum will need to be completed. Please request a copy of this form.

19. Do you require Fidelity cover, subject to an additional premium?

No Yes A further addendum will need to be completed. Please request a copy of this form.


Publishing – Book publishers

ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF COVER FOR BOOK PUBLISHING ACTIVITIES IS REQUIRED.

1. Please provide the number of books in each category specified below, published in the last twelve months:

Category	Number of publications
a. Fiction	<input type="text"/>
b. Autobiographies (please answer Q2.)	<input type="text"/>
c. Biographies	<input type="text"/>
i. Authorised biographies (please answer Q3.)	<input type="text"/>
ii. Unauthorised biographies (please answer Q3.)	<input type="text"/>
d. Educational / Scientific / Technical	<input type="text"/>
e. Financial / Investment	<input type="text"/>
f. General non-fiction	<input type="text"/>
g. Health / Medical	<input type="text"/>
h. Political / Religious / Social	<input type="text"/>


2. Do you publish autobiographies?

No Yes  Please complete the table below.

Book Title (Insured Medium)	Name of author
<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"/>

If more space is needed please attached as an addendum to provide the above information.

3. Do you publish biographies?

No Yes  Please complete the table below.

Book Title (Insured Medium)	Name of author	Name of the subject matter	Authorised (A) / Unauthorised (U)
<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"/>

If more space is needed please attached as an addendum the above information.

Publishing – Newspapers, magazines and other print media

ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF COVER FOR NEWSPAPERS, MAGAZINES AND OTHER PRINT MEDIA PUBLISHING ACTIVITIES IS REQUIRED.

1. Please provide the following details of each publication issued in the last twelve months.

Name of publication	Date first published	Frequency of Publication* (D, W, M, Y, O)	Annual circulation	Subject matter of publication
a.	D D / M M / Y Y			
b.	D D / M M / Y Y			
c.	D D / M M / Y Y			
d.	D D / M M / Y Y			
e.	D D / M M / Y Y			

*Frequency of Publication: (D) Daily / (W) Weekly / (M) Monthly / (Y) Yearly / (O) Other please specify frequency above.

If more space is needed please attached as an addendum the above information.

2. What percentage of publications listed above are published in a online/digital format?


%

N.B: A copy of each publication may be required prior to insurance being offered.

Broadcasting – Television and/or radio stations

ONLY ANSWER THE QUESTIONS IN THIS SECTION OF THE PROPOSAL FORM IF COVER FOR TELEVISION AND/OR RADIO BROADCASTING ACTIVITIES IS REQUIRED.

1. Do you provide radio broadcasting services?


No Yes  If "Yes" please answer **Q2**. If "No" please go to **Q3**.

2. Please complete the following table:

Radio station call letters &/or name of station	Transmission hours / day	Briefly describe the format(s) or type of programming of the station
a.	hrs	
b.	hrs	
c.	hrs	
d.	hrs	
e.	hrs	

If more space is needed please attached as an addendum the above information.

3. Do you provide television broadcasting services?

No Yes  If "Yes" please answer **Q4**. If "No" please go to the next section.

4. Please complete the following table:

Name of television station	Transmission hours / day	Briefly describe the format(s) or type of programming of the station
a.	hrs	
b.	hrs	
c.	hrs	
d.	hrs	
e.	hrs	

If more space is needed please attached as an addendum the above information.

Online / digital broadcasting and publishing

ONLY ANSWER THE QUESTION(S) IN THIS SECTION OF THE PROPOSAL FORM IF COVER FOR ONLINE / DIGITAL BROADCASTING AND PUBLISHING ACTIVITIES IS REQUIRED.

1. Please list all internet sites for which cover is sought, the date each went on-line and the average number of views per day:

Internet Site (including URL)	Date online	Average views per day
a.	DD / MM / YY	
b.	DD / MM / YY	
c.	DD / MM / YY	
d.	DD / MM / YY	
e.	DD / MM / YY	

If more space is needed please attached as an addendum the above information.

Other medium

ONLY ANSWER THE QUESTION(S) IN THIS SECTION OF THE PROPOSAL FORM IF COVER FOR MULTIMEDIA SERVICES PROVIDED VIA MEDIUM NOT PREVIOUSLY SPECIFIED IS REQUIRED.

1. Please specify 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.

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 CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this Proposal form 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.

Signature

Date

DD / MM / YY

Signature

Date

DD / MM / YY

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.

Insurance Broker's Details

Broking firm name

Contact name

Phone

Fax

Email

Enquiries 13 24 81 **Mailing address**
Claims 13 24 80 GPO Box 9902 in your capital city

Sydney
388 George St
Sydney
NSW 2000

Melbourne
181 William St
Melbourne
VIC 3000

Brisbane
189 Grey St
South Bank
QLD 4101

Perth
46 Colin St
West Perth
WA 6005

Adelaide
80 Flinders St
Adelaide
SA 5000



[CGU.COM.AU/PROFESSIONAL RISKS](https://www.cgu.com.au/professional-risks)

P0113 REV3 11/17 (CGU MML Proposal 05-17)

Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance



AN IMPORTANT NOTICE TO THE APPLICANT

'CLAIMS MADE' CONTRACTS OF INSURANCE

PLEASE READ AND RETAIN IN YOUR FILE

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 CGU Insurance 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.

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 CGU Insurance 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.

Enquiries 13 24 81 **Mailing address**
Claims 13 24 80 GPO Box 9902 in your capital city

Sydney
388 George St
Sydney
NSW 2000

Melbourne
181 William St
Melbourne
VIC 3000

Brisbane
189 Grey St
South Bank
QLD 4101

Perth
46 Colin St
West Perth
WA 6005

Adelaide
80 Flinders St
Adelaide
SA 5000



CGU.COM.AU/PROFESSIONAL_RISKS

PO113 REV3 11/17

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