



Advertising agency, marketing and communications industry application

Notice: this insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Section 1 – Your business

General information

1. Name of applicant:
- Address:
- Zip code:
- Telephone: Email:
- Website:
- When was your business established?

Geographic area

2. Geographic area in which your business operates:
 Local Regional (Multi-State) National International

Other employees

3. Please provide your total number of staff:

Your gross annual billings and gross annual revenue

4. Please provide details about your gross annual billings and revenue in the table below:

| | Past year ending / / | Current year | Estimate for coming year |
|--|-------------------------|--------------|-----------------------------|
| Total gross billings (including but not limited to fee income/revenue, pass through costs, media spend, production and campaign costs and payments to subcontractors) | \$ | \$ | \$ |
| Total gross revenue | \$ | \$ | \$ |

Estimated percentage split of your total gross billings (including pass through costs) for:

| Work carried out for: | Past year ending / / | Current year | Estimate for coming year |
|--------------------------------|-------------------------|--------------|-----------------------------|
| U.S. and Canadian operations | % | % | % |
| Non-U.S. and Canada operations | % | % | % |

Please specify countries outside the USA and Canada, if applicable:



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Your business activity

5. a. Your percentage of gross billings (including fee income) for the coming year must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

| | | | |
|---------------------------------------|---|---|---|
| Design of print literature/ documents | % | Promotional/sweepstakes development | % |
| Production of radio/TV programs | % | Package/display/product design | % |
| Corporate identity/brand consultancy | % | Graphic design (not interior or product design) | % |
| Internet (e.g. pop-ups/banner ads) | % | Mobile telecoms (e.g. SMS, MMS) | % |
| Printing | % | Photo services | % |
| Public relations consultant | % | Mail order or catalog sales | % |
| Website design | % | Music service | % |
| Web hosting | % | Market research | % |
| Telemarketing | % | Media buying | % |
| Product fulfilment | % | | |
| Others – please specify: | % | | |

b. Do you expect any significant changes to the split of activities shown above (in Q.8) in the coming 12 months? Yes No

If Yes, please give details:

Contracts

6. Please give details of the five largest contracts you have carried out in the past three years:

| Name of client | Nature of work undertaken | Total value of contract |
|----------------|---------------------------|-------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Within the past three years what is the average value of the contracts you get involved in?

\$



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7. Do any of your clients produce or manufacture:
Tobacco Firearms Alcoholic beverages Pharmaceuticals

Sub-contractors

8. Do you use independent sub-contractors? Yes No

If Yes:

- a. What approximate percentage of your gross revenue is paid to sub-contractors? %

- b. For what type of work are they used?

- c. Do you have a standard contract in place for all sub-contractors? Yes No

If No, please advise:

If Yes, please attach a copy of your standard terms and conditions.

Trademarks

9. a. Do you develop trademarks for your clients? Yes No

If Yes, how many trademarks do you develop per year?

- b. Do you perform trademark searches? Yes No

If Yes, to a. or b. above, please describe procedures for clearing trademarks:

10. Please provide a description of your business activities in your own words including any specializations:

Section 2 – Risk management

11. Does your contract always provide for client approval? Yes No

If No, please explain:



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12. Do you obtain written releases with respect to creative material or talent from the following:
- a. employees? Yes No
 - b. models? Yes No
 - c. freelance photographers, writers, composers, artists, musicians? Yes No
 - d. non-professional persons appearing in commercials or advertisements? Yes No

13. What procedures do you have in place to ensure that any photo, film clip, music or other content used by you does not breach any third party rights? If you have standard written procedures please attach a copy.

14. Please advise under what circumstances you would refer material to lawyers for checking:

15. Please advise which lawyers you use for clearance advice and their years of experience:

Name of law firm(s):

Years of experience:

Section 3 – General matters

Membership of professional organizations

16. a. Is your business a member of any professional organizations or trade association? Yes No

If Yes, please provide details:

Current insurance

- b. Do you currently have professional/media liability insurance? Yes No

If Yes, what is the renewal date?

If you currently have professional/media liability insurance with someone other than Hiscox, please answer the following:

Name of insurer:

Limit of indemnity:

Retention:

Excess:

Premium:



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MISSOURI APPLICANT/AGENTS – DO NOT ANSWER THIS QUESTION

- c. Has any insurer declined, cancelled or refused to renew any similar insurance issued to you? Yes No

If Yes, please provide details:

- d. Do you currently have a comprehensive general liability insurance policy? Yes No

If Yes, please answer the following:

Name of insurer:

Limit of indemnity:

Retention:

Personal injury coverage is:

Included

Excluded

Product liability coverage is:

Included

Excluded

Claims declaration

17. a. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you arising out of the content of any material published and/or broadcast by you or otherwise that falls within the scope of proposed coverage? Yes No

If Yes, please provide full details:

Regulatory violations

- b. Have you ever been cited by a regulatory agency for violations arising out of your advertising activities? Yes No

If Yes, please provide full details:

- c. Are you or any subsidiaries aware of any facts, circumstance(s), or situation which could reasonably lead to you suffering a loss, or claim being made against you that falls within the scope of the proposed coverage? Yes No

If Yes, please provide full details:



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It is understood and agreed that with respect to questions 17 a., b. and c., that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Supplemental Information

Please attach the following additional information:

- Advertising materials about your operations
- Specimen contract with clients and sub-contractors
- Current financial statements, annual report and/or 10k

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

Signature

Date (mm/dd/yyyy)

Title:

A copy of this application should be retained for your records.



**PRIVACY
QUESTIONNAIRE**

1. Please confirm the most private and/or confidential information you hold:

2. How do you store, secure and transmit information securely?

3. Have you specifically mapped the flow of personal/
confidential data through your systems?

YES NO

4. Who (if anyone) can access data in its unencrypted format?

5. If you are NOT encrypting personal/sensitive data residing in your systems
(i.e. data at rest in the database and storage) please describe what you believe
are the 'compensating controls' to ensure protection of same:

6. Which third-parties have access to this data?

7. Outline how you go about risk managing the security and privacy procedures of your
business partners:

**PRIVACY
QUESTIONNAIRE**

8. Outline any privacy related projects conducted in the last 12 months and any that are anticipated in the next 12 months:

9. Who regulates your privacy matters? Please outline the level of contact you have with them (including any subpoenas or investigations):

10. Have you made any material changes to your privacy procedures or policy in the last 12 months?

YES NO

Do you plan to do so in the next 12 months?

YES NO

11. Outline how you have, or would, communicate a material change to your privacy practices:

12. Do you have a written procedure setting out how someone should contact you in the event of a privacy complaint?

YES NO

13. Do you also have a written procedure for communicating a privacy breach to state authorities and affected parties?

YES NO

14. Please supply a copy of any recent security audit/assessment your organization has undertaken.