

Advertising Campaigns Proposal Form



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 question number).

1. Please provide the following details

Company name			
Address			
		Postcode	
Telephone number		Email	
Website address			
Date of establishment			

2. This insurance can be extended to include associated, subsidiary and predecessor businesses, or the previous business activities of any Principal, provided that they are listed below or on a separate sheet and all the information you give in this proposal form relates to all the companies named:

Name	Location (city/town)	Nature of operation of business

3. Please provide the following details

Name in full of all Principals	Qualifications	How long with proposer(s)	Years in the industry

4. Please state

a) Annual Production Spend	Past Year Ending / /	Estimate for whole Current Year	Estimate for Coming Year
Total	£	£	£

5. Production Brand Activity to be Insured (please give full details in the space below).

6. a)

i) Do you always have a written specification with your advertising agency for all advertising which includes campaign details, volume, quality, timings and sign off procedures?

YES ☐ **NO** ☐

ii) Are all deviations to the above specification contract reported?

YES ☐ **NO** ☐

iii) Do you always give final sign off before going live with the campaign?

YES ☐ **NO** ☐

b) Do you always obtain your clients' written acceptance of the term of contracts before committing them?

YES ☐ **NO** ☐

i) Have all necessary clearances, rights and licences been obtained?

YES ☐ **NO** ☐

7. For what limit(s) of indemnity are quotations required?

8. a) Has any actual or threatened claim been made against you arising out of this campaign or any content relative to this campaign?

YES ☐ **NO** ☐

If **YES**, please provide full details

b) During the last five years, has any claim been brought against you arising from defamation, invasion of privacy, infringement of copyright, trademark, unauthorised use of any material, ideas, formats or breach of confidentiality?

YES ☐ NO ☐

If **YES**, please provide full details:

c) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed freelancer?

YES ☐ NO ☐

ii) Do you currently have any grounds, after reasonable enquiry, for suspecting that such a person has acted dishonestly or maliciously?

YES ☐ NO ☐

If **YES** to either, please provide full details

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. HCC International Insurance Co PLC 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 HCC International Insurance Co PLC 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 contact HCC International Insurance Co PLC.

Signature of Principal / Partner / Director _____

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.

Please use this space for any additional information

Contact us

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HCC Insurance Holdings, Inc. is an international insurance holding company and a leading specialty insurance group since 1974, based in Houston, Texas, with offices across the USA, Bermuda, England, Ireland and Spain. HCC is rated AA- (Very Strong) by Standard & Poor's and A+ (Superior) by A.M. Best Company.

Advertising Campaign Prop
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