

MULTI MEDIA PROFESSIONAL INDEMNITY PROPOSAL FORM

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PROPOSAL FORM

Intermediary: _____

This is your proposal for insurance. It will be the basis of any subsequent insurance policy that Raheja QBE may issue to you. You are obliged to provide Raheja QBE with a full and frank disclosure of any and all facts that may be material to Raheja QBE's decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insureds you answer fully and accurately all of the questions contained in this proposal, that you provide Raheja QBE with any and all information that may be relevant, and you inform Raheja QBE in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with this obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to Raheja QBE.

If any intermediary is involved in the procurement of this policy, such intermediary shall be deemed to be Your agent, including for the purposes of the provision of information and the payment of premium.

Raheja QBE is under no obligation to accept any proposal for insurance. If Raheja QBE accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

A. NOTICE TO THE PROPOSED INSURED

1. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the Policy covers you for claims first made against you and notified to Raheja QBE during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the Retroactive Date of the policy (if such a date is specified);
- Claims made after the expiry of the period of cover even though the event giving rise to the Claim may have occurred during the period of cover;
- Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- Claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a Claim under this Policy;
- Claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to Raheja QBE of any facts that might give rise to a Claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the Policy will, subject to the terms and conditions, cover you notwithstanding that a Claim is only made after the expiry of the period of cover.

Please note that the above exclusions are only illustrative and you must refer to the policy document for further details.



IMPORTANT

- Please answer ALL questions fully. If there are insufficient spaces please provide details on your letterhead.
- Where provided, tick (•) appropriate box to indicate answer.
- The proposed insured will be referred to in this proposal as "You" or "Your".

B. DETAILS OF PROPOSED INSURED

1. Full name of all entities to be insured (including service, administrative or nominee companies and Subsidiaries that you wish to be covered by this Policy):

(Hereinafter the applicant will be referred to as "You" or "Your")

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2. Your Communication Address:

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2. Permanent Address:

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3. Address(es) of branch offices or other locations.

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4. Date on which the professional business practice was established:

____/____/____

C. MANAGEMENT AND PERSONNEL DETAILS

1. Please supply the following details.

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
					Previous Practices
.....					
.....					
.....					
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.....					

2. Please supply total numbers of:

- | | |
|---|---|
| (a) Partners/principals/directors | (e) Non-technical administrative staff..... |
| (b) Qualified staff | (f) Clerical staff |
| (c) Other technical staff | (g) Other staff (please specify)..... |
| (d) Trainee staff | TOTAL |

Please enclose curriculum vitae or resumes for all partners/principals/directors detailing qualifications and a summary of career experience.

3. Does the professional business practice always require and obtain satisfactory references when engaging employees? ☐ YES ☐ NO

For sole proprietors only - questions C.4 and C.5

4. State the experience of Your assistants and their length of service.

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5. What arrangements do You have to assist You during Your temporary absence on business, leave, sickness, or unforeseen emergency?

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D. DETAILS OF PROFESSIONAL BUSINESS PRACTICE

1. 1.1 Has the name of the professional business practice ever been changed? ☐ YES ☐ NO
- 1.2 Has any other practice or business amalgamated or merged with You? ☐ YES ☐ NO
- 1.3 Have You purchased any other practice or business? ☐ YES ☐ NO

If You have answered YES to either part D.1.1.1, D.1.1.2 or D.1.1.3., please supply details.

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business? ☐ YES ☐ NO

If You have answered YES please supply details.

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3. Please list the professional bodies or associations to which the proposed Insured belongs.

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4. 4.1 Please provide details of the precise nature of activities or business.

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- 4.2 Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation and geographical market served:

Publication	Frequency	Circulation	Geographical Market

- 4.3 Please list all broadcast or cable stations for which coverage is sought and provide the number of subscribers (for cable stations), the highest sixty (60) second advertising rate (for broadcast stations) and the geographical market served, and the station format.

Station	Subscribers/ Advertising rate	Geographical market	Format



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4.4 Please list or describe all other communications or other media activities for which coverage is sought under the professional business practice

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4.5 Please categorise the activities or business outlined in Question 4.4.1 above and indicate the approximate percentage of your income derived from same.

TYPE OF WORK

.....	 %
.....	 %
.....	 %

4.3 Please provide details of advice given in relation to the activities or business outlined in Question 4.4.1 above.

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4.4 Are verbal reports always confirmed in writing? ☐ YES ☐ NO

If NO, how do You substantiate such verbal reports?

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4.5 What percentage (%) of the content of the activities under the professional business practice is supplied by stringers, freelancers or other nonemployees? _____ %

4.6 Please describe Your policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement.

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4.7 What percentage of the content of the professional business practice derived from news or feature syndications, or wire services?

4.8 Do You engage in any of the following newsgathering practices with respect to any of the professional business practice?

Hidden cameras/microphones: ☐ YES ☐ NO

"Ride alongs": ☐ YES ☐ NO

Reliance on anonymous sources: ☐ YES ☐ NO

"Undercover" investigations: ☐ YES ☐ NO

If "Yes" to any of the items in above, please describe Your policy and practice governing the use of such techniques.

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4.9 Please describe Your policy and practice regarding the processing of and response to requests for retraction.

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4.10 Do You enter into indemnification or hold harmless agreements favoring third parties to whom You supply content for publication or broadcast? ☐ YES ☐ NO

If "Yes," please describe Your policy and practice regarding the entry into such agreements and attach a sample copy of a standard agreement.

4.11 Do You engage in any live programming? ☐ YES ☐ NO

If "Yes," please describe the type of delay device utilized and Your policy and practice regarding the use of such device.

5. Do You provide written reports to clients? ☐ YES ☐ NO

If YES, please provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.

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6. Please provide brief description and fees for the five (5) largest contracts undertaken over the past five (5) years.
Please provide copies of such contracts

BRIEF DESCRIPTION	INCOME
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7. Does any contract or client represent more than 50% of Your annual work or fees? ☐ YES ☐ NO
If YES, please supply details.

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8. Do You engage Consultants, Sub-contractors or Agents? ☐ YES ☐ NO
If YES:

8.1 Do You insist they carry their own professional indemnity insurance? ☐ YES ☐ NO

8.2 Do You enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements
which You may have against such Consultants, Sub-contractors or Agents? ☐ YES ☐ NO

9. Do You envisage any substantial changes in your activities or are there any major new operations contemplated
during the next 12 months? ☐ YES ☐ NO
If YES, please supply details.

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10. Do You issue any brochures or other promotional material (including capability statements) describing Your
activities or services? ☐ YES ☐ NO
If YES, please enclose copies.

11. Do You perform work outside of India, or work for clients located overseas? ☐ YES ☐ NO

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E. FINANCIAL POSITION OF THE PROFESSIONAL BUSINESS PRACTICE

1. Please advise the date of Your financial year end: ____/____/____

2. Please provide the amount of income/fees for the following:

	INDIA	OTHER
(a) Current financial year		
(b) Last financial year		
(c) Previous financial year		

Please provide us a copy of your latest annual report & financial statements.

3. Please provide the amount of the largest annual fee for any one client:

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4. Please provide the approximate percentage of Your activities (based on income) applicable to each country from which You derive a portion of Your income.

Country	INDIA	ASIA	EUROPE	USA/CANADA	OTHER
Percentage of Income	 %	 %	 %	 %	 %

F. LEGAL REVIEW

1. Please provide the name, address, and telephone number of the in-house legal counsel:

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2. Do You retain outside counsel for advice regarding potential liabilities arising out of the publication or broadcast of material ? ☐ YES ☐ NO

If "Yes," please provide the following information.

Name of firm:

Principal contact:

Approximate number of hours billed per month:



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3. Please describe Your policy and practice regarding legal review of articles, broadcasts, or other communications prior to publication.

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G CLAIMS DETAILS

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? ☐ YES ☐ NO

If YES, please supply details.

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2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the professional business practice or any of their predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? ☐ YES ☐ NO

If YES, please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
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3. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the professional business practice or any prior practice or any of their present or former partners, principals or directors which matter is not referred to in question F.2 above? ☐ YES ☐ NO

If YES, please provide the following details in respect of each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
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H. INSURANCE COVER

1. Does the professional business practice presently carry, or has the professional business practice ever carried, professional indemnity insurance? ☐ YES ☐ NO

If YES, please supply details:

Insurer:

Expiry Date:

Limit of Indemnity:

Premium:

2. Has the professional business practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?

☐ YES ☐ NO. If YES, please supply details.

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I. APPLICATION FOR COVER

1. 1.1 Limit of Indemnity required:
1.2 Deductible/excess requested: (each and every claim)
1.3 Retroactive Date :

J. DECLARATION

I/We hereby give my/our consent to Raheja QBE General Insurance Company Limited ('the Company') to verify and obtain my/our identity/address proof as well as the identity /address proof of the insured through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.



RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this form and the accompanying documentation submitted shall form the basis of the contract proposed between me and the Company.

Are you or any of the proposed applicants/beneficial owner a PEP or a close relative of a PEP*? YES / NO*

If yes, please give details:.....

**Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/ Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc*

Name of professional business practice: _____

Signed: _____ Date: _____

Partner, principal or director: _____

Raheja QBE General Insurance Co. Ltd.
5th Floor, A Wing, Fulcrum, IA Project Road,
Sahar, Andheri East, Mumbai - 400059

Your Insurance Adviser or Broker

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ten lakh rupees.