

proposal form: marketing professionals  
**your business details**

✓ 1. Name of Proposer: \_\_\_\_\_

2. Registered address of business: \_\_\_\_\_  
\_\_\_\_\_ postcode \_\_\_\_\_

3. Establishment date of business: month \_\_\_\_\_ year \_\_\_\_\_

4. Description of business activities: \_\_\_\_\_

5. Please list the professional/regulator, trade associations or societies to which you belong:

6. Please provide your fee or turnover for:

The last financial year    £ \_\_\_\_\_

The next financial year    £ \_\_\_\_\_

7. Please breakdown your fee or turnover by territory:

UK                                £ \_\_\_\_\_

EU                                £ \_\_\_\_\_

USA/Canada                £ \_\_\_\_\_

Other                             £ \_\_\_\_\_

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# your business details

### 8. Please provide a percentage split of your business activities:

marketing	_____%	social media and digital marketing	_____%
market research	_____%	advertising	_____%
media buying	_____%	sales promotion	_____%
public relations	_____%	direct marketing (postal)	_____%
graphic design	_____%	other	_____%
web design	_____%	_____	_____%

### 9. Does your largest fee from any client exceed £200,000? yes no

If yes, please provide details:

### 10. Do you always obtain client sign off before committing them to print runs or any other expenditure above £25,000? yes no

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## your cover

### 1. Which covers would you like a quote for:

- Professional Indemnity
- Directors and Officers Insurance
- Employment Practices Liability
- Other (please specify) \_\_\_\_\_

### 2. What limit of indemnity do you require?

- 250,000
- 500,000
- 1,000,000
- Other £ \_\_\_\_\_

### 3. Please provide your current insurance details:

Renewal date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Insurers \_\_\_\_\_

Premium \_\_\_\_\_

### 4. Have you, or any predecessor, had any professional indemnity claims in the last five years?

This includes any claim, prosecution, proceedings or investigations against you whether successful or not.

- yes       no

If yes, please provide full details:

Date claim made	Details paid	Outstanding amount	Amount paid	Date settled

### 5. After enquiry, are you aware of any circumstance or shortcoming in your work which may lead to a claim against you or any predecessor?    yes    no

If yes, please provide full details:

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## optional extras

### DIRECTORS & OFFICERS INSURANCE

#### 1. Please confirm the following:

- a) Less than 25% of your turnover derives from the US and you have no USA assets.
- b) You are a private limited company, a Limited liability partnership or a Company Limited by Guarantee.
- c) A positive net worth is shown in your latest accounts and anticipated in the next 12 months.
- d) Your company is not involved in biotech, pharmaceuticals, oil, gas, finance organisations or acting as a sports agent.
- e) Your company has had no previous claims or is aware of anything which may lead to a claim under this policy.

confirmed     unconfirmed

#### 2. If you have ticked 'unconfirmed' for the above question, please provide full details:

#### 3. What limit do you require?

- 250,000
- 500,000
- 1,000,000
- Other £ \_\_\_\_\_

# proposal form: marketing professionals optional extras

## EMPLOYMENT PRACTICES COVER

### 1. Please confirm the following:

- a) You have a contract of employment for all employees
- b) You are not undergoing any down sizing or redundancy programme
- c) You have a written grievance procedure in place
- d) You have not been subject to any claims or Employment Tribunals

confirmed     unconfirmed

### 2. If you have ticked 'unconfirmed' for the above question, please provide full details:

### 3. What limit do you require?

- 250,000
- 500,000
- 1,000,000
- Other £ \_\_\_\_\_

## proposal form: marketing professionals declaration

I confirm that the principals, partners or directors have never been:

- a) Convicted of any criminal offence (other than motoring)
- b) Investigated, reprimanded or disqualified by their professional body
- c) Subject to a County Court judgement
- d) Bankrupt, insolvent or disqualified from being a company director
- e) Refused insurance, non renewed or had their insurance cancelled
- f) Claimed against or had losses arising out of fraud or dishonesty

agree  disagree

If you disagree, please provide full details:

I/We declare that the information in the proposal form is true and that no Material Facts have been misstated or suppressed. The information provided in this proposal form made by or on behalf of the Proposer shall form the basis of the proposed policy. If there is any material change to the facts and information provided or any new material matter arises before completion of the insurance, I/We undertake to inform insurers. I/We consent to the information provided being used for the provision of insurance, which may involve sharing such information to third parties. Custodian Management Ltd may use this information for marketing (by post, telephone, email or fax) subject to compliance with the Data Protection Act 1998. Under this Act you have the right to amend or access information we hold on you or to withhold your details from being used for marketing. Please notify Custodian Management Ltd in writing if you wish to exercise any of these rights.

**Signature of principal:**

**Broker details:**

Contact name \_\_\_\_\_

Contact number \_\_\_\_\_

Contact email \_\_\_\_\_

  **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_