Professional Indemnity Insurance Proposal Form Media Liability

I.	Ge	neral Data						
	1.	Name of proposer in full:						
	2.	Address:						
	3.	Nature of business:						
		(state whether cover is requ television broadcaster, edito	ired in respect of proprietor, publis r etc.)	sher, radio broadcaster,				
	4.	When was the firm estab						
	5.		s has the name of the firm bee nym) or has any other firm pur ace?					
		If so, please give full deta	ails.					
	6.	Details of chief and exec						
		Names	Qualifications, dates qualified/total duration of experience	Position held in company and how long				

7.	Sta (i) (ii) (iii)						
8.	Inte	yes no					
	(b)						
	(c)	y? ditions	yes no				
II. Pu			centage of your total t	urnover is derived	d from the Interne	et?	%
			section if you do not	require cover as	a publisher or pri	nter	
1.		ase state:	occuerrii you do not	roquiio oovor do	a pasiioner er prii		
Name publica			Whether the publication relates to any particular subject (professional trade art, science, etc.)	How often publication takes place? (weekly or otherwise?)	Nature of publication (newspaper, trade journal, etc.)	Approximate circulation	

		lishers of books or ing the past twelve					
	New Title	Fiction	Biography or	Autob			
	Important No Details should published. In publications.						
Countries circulated	s in which	How long has each publication been in circulation	Territories in which publish	ned	systems for le material whic examined pri- so, please giv	have any procedures/ egally checking any h may need to be or to publication. If ve particulars including insel/solicitors	
Do you require the policy to be extended to include your liability as printers in respect of material not published? If so, please state							
Name of publicati		Nature of publication (newspaper, trade journal, etc.)	Approximate number printed per week	you been	ong have printing each eation?	Is there a formal print contract between yourself and the Customer?	
	Important No	ote:	1	1		1	
	 Details should be given of any discontinued publications stating when last printed. In the case Recent specimen copies of each of such publications. 						
2. A copy of the contract(s) should be supplied.							

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		Do you assume any liability uterms of the contract?	inder the	Does the contract make the custome for all printing errors?	r responsible	
III.	Plea	dio and Television Broa ase ignore this section if you adcaster.		ection ire cover as a radio or televisio	on	
	1.	State the percentage of the	e various type	s of programmes which are br	oadcast:	
		News _	%	Comedy	%	
		Documentary _	%	Musical	%	
		Discussion _	%	Unscripted (Phone-Ins	%	
		Plays _	%	Advice Live) discussions		
		Films _	%	Advertising	%	
	2.	In respect of documentary, (as above) what proportion		unscripted live discussions		
		Current Affairs	%	Education	%	
		Entertainment/Sport _	%	Health/Medicine Related	%	
		Investigative Journalism	%	Natural World	%	
		Other _ Please describe:	<u></u> %			
	3.	State the source of program	mmes which a	are not produced by you:		
		(i) Other programme conf(ii) USA/Canada	tractors in you	ur country		
		(ii) USA/Canada(iii) Elsewhere (please special)	ecify)			

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4.	Have you agreed or will you agree to indemnify the suppliers of such programmes?	yes no
	If so, please state the form in which such indemnity is or will be given. (Please provide a copy)	
5.	Do you receive an indemnity from the supplier of programmes to you? If so, please state the form in which such indemnity will be taken. (Please provide a copy)	yes no
6.	Are programmes not produced by you altered in any way before being broadcast? (If so, please state details)	yes no
7.	What proportion of programmes will be transmitted in languages other than your own language(s)? (please specify)	%
8.	What proportion of your total broadcasting consists of:	
	a) original matter transmitted from your station/channel?b) re-diffused matter which originates from another station/channel?	%

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9.	In r	espect of programme	s produced by you	u:					
	a) Are advance copies of political or other speeches required?						no		
	b) Are these checked whilst broadcast is in progress in order to detect any variations from the manuscript? (If so, please give details.)						no		
	c)								
	(i) In your country?						no		
	(ii) Elsewhere? (please specify)						no		
	d)	yes	no						
		If so, please attach a the engagement of c		ndard contract us	ed in connection with				
11.	 10. What are your internal procedures/systems for legally checking any material prior to broadcast? Please give full particulars. 11. What external counsel/solicitors are used for checking any material prior to broadcast? Please give full particulars. 								
	Wh pla Giv like								
		ame of each ublication printed	Nature of publication	Approximate circulation	How long has each publication been in circulation?				

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		Territories in which published	Turnover received		whether publication is or state cover price		
	1. Ha	vious insurance/previous ave you previously been insulf so, please specify:					
		Name of insurer 1. 2. 3. 4.	Policy period		Limit of indemnity		
2	ŀ	Has a previous application Has a previous insurance If so, please give detailed i	a) required increasedb) required special resc) been terminated/no	triction		yes yes yes yes	no no no no
3		Have any claims been mad I f so , please advise amoun				yes	no

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	4.	Is your firm aware of any circumstances or incidents which may result in a claim against your firm?	yes no
		If so, please give details.	
٧.	Ind	lemnity required	
	1.	Limit any one claim	
	2.	Aggregate Limit	
	3.	Deductible each and every claim to be borne by insured	
	4.	For which territory of the world do you require cover? Please tick	
		□ your country	
		□ Worldwide excluding USA and Canada	
		□ Worldwide	
		□ Other	
	5.	For which jurisdiction of the world do you require cover? Please tick u your country	
		□ Worldwide excluding USA and Canada	
		□ Worldwide	
		□ Other	
or s	uppi	clare that the statements and particulars in this proposal are true and that I/we have n ressed any material facts. I/We agree that this proposal, together with any other inform by me/us, shall form the basis of any contract of insurance effected thereon.	
Sig	ning	this proposal form does not bind the proposer or underwriter to complete this insurance	ce.
Dat	ed th	nis day of 19	
For	and	on behalf of	
		on behalf of (insert name of firm)	
Sig	natuı	re of chief editor or chief producer	
C:			
Ple	ase a	attach a brochure concerning your firm	