Professional Indemnity Insurance

Proposal Form For Media Industry Professional Liability



Important Notices to the Applicant

Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

- A. Before completing this section, please read the important notices starting on page 1.
- B. This proposal must be completed, signed and dated by a Principal, Partner or Director.
- C. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- D. If you are a new business, use the projected figures from your business plan.
- E. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

App	olication for Insurance Cover				
Peri	od of Insurance	From DD / MM / YYYY	To DD / MM / YYY	<u>Y</u>	
Lim	it of Insurance Required	Option 1 SGD	Option 2 SGD		
Exc	ess / Deductible Requested	Option 1 SGD	Option 2 SGD		
Are	you requesting cover for Fraud & Dishone	sty?		□Yes	□No
Are	you requesting cover for Principals' Previo	ous Business?		□Yes	□No
1.	Details of Applicant				
1.1.	Names and Company Registration Numbers	of all firms applying to be covered under t	his insurance (Referred to as "You	" in the rest of th	is form)
1.2.	Has your name ever been changed, or ha	ve you purchased or merged with any ot	her practice or business?	□Yes	□No
	If Yes , please attach details.				
1.3.	What is your address?				
			Postal Code		
1.4.	What is your website address?				
1.5.	When was your firm established?	(day)	(month)	(year)	

	Category of Staff	Number		Nature of Work					
1.7.	Which are the foreign countries when	re yo	u provide your services, a	ano	l how many staff are loo	cated in each?			
	Country		Number of Staff		Country		Number of Staff		
1.8.	What are the qualifications of your P	rincij	pals, Partners, Directors o	or (other key professional p	ersonnel?			
	Name		Qualifications		Years in the Industry	Years as Principal,	pal, Partner or Director		
1.0	76			<u></u>			. D		
1.9.	If you have only one Principal, what on leave, ill or away from the office?	arrar	igements do you nave in	ріа	ice to ensure continuity	of dusiness when th	at Principal is traveiling,		

1.6. What is the breakdown of the number of your staff by nature of work?

1.10.	Who are	your	major	share	holders?
-------	---------	------	-------	-------	----------

	Name		Percentage shareholding			
2.	Details of Business					
2.1.	What percentage of your revenues is from:					
	Type of work	%	Type of work	%		
	Publishing		Public relations consultancy			
	Broadcasting		Graphic design			
	Printing		Event management			
	Film & media production		Others (specify)			
	Advertising agency					
	Marketing research & consultancy		Total	100%		
2.2.	For consultancy work, what is the specific scope	of work done or advi	ce given?			
2.3.	Do you engage in any other professional or busing	ness activities other th	an what is described in this section 2?	□Yes	□No	
	If Yes , please attach details of the type of work a	and the fee income from	m these other activities.			
2.4.	Are you or any of your Principals, Partners or D	irectors connected or a	associated with any other practice or business?	□Yes	□No	
	If Yes , please attach details.					
3.	Financial Details					
3.1.	When does your Financial Year end?	(day)	(month)			
3.2.	What is your total turnover or fee income for the	2:				

	Year	Singapore	Foreign	Total
Coming year (est.)		SGD	SGD	SGD
Current year (est.)		SGD	SGD	SGD
Past vear		SGD	SGD	SGD

		_		_		_
າາ	What percentage	of mour	foo incor	no ic do	rittad fram	work in.
	what bercemage	OI VOIII	ree incor	ne is de	nvea nom	WOLK III:

Singapore (%)	Other Asia (%)	Australia / NZ (%)	Europe (%)	USA / Canada (%)	Others (%)	Total
						100%

3.4. What are your five largest projects or contracts during the past five years?

Client name	Service performed	Location	Fees (SGD)

4. Publishing Section

4.1. What percentage of your publishing turnover is from:

Type of work	%	Type of work	%
Publishing		Subsidiary rights	
Distribution		Total	100%

4.2. What percentage of your professional services is subcontracted to others?

Type of work	%	Type of work	%
Newspapers		Fiction	
Current affairs & politics		History & social sciences	
Business, finance & investments		Entertainment, leisure & hobbies	
Biographies & autobiographies		Religion	
Professional, technical & scientific		Others (specify):	
Educational		Total	100%

- ${\bf 4.3.}\ \ For\ new spapers\ and\ periodicals, attach\ details\ of\ the\ titles\ published\ by\ you\ as\ follows:$
 - Name of publication
 - Type of publication (magazine, newspaper, journal etc.)
 - Type of content (current affairs, entertainment, music, etc.)
 - Frequency
 - Territories where the publication is distributed
 - Circulation
 - Whether the publication is placed on the internet / world wide web

4.4.	4. What standard procedures do you have in place to check the accuracy, originality or content of work, including title clearance?						

4.5.	Is a solicitor consulted in respect of media law?	□Yes	□No
	If No , how do you handle legal compliance?		
4.6.	Are letters to the editor edited or vetted?	□Yes	□No
4.7.	Do you engage in investigative reporting or exposes? If Yes , how do you document your sources of information?	□Yes	□No
4.8.	Do you ask for verification that the subcontractor carries professional liability insurance?	□Yes	□No
4.9.	Do you execute written hold harmless or indemnity agreements in favour of your printers for the content of your publications?	□Yes	□No
4.10	Do you require your advertisers and advertising agents to execute written hold harmless or indemnity agreements in your favour for the content of advertisements?	□Yes	□No
	If you answered No to 4.9 or 4.10, how do you protect your interests?		

Printing Services Section

5.1. What percentage of your printing revenues is from:

Type of work	Type of work	
Newspapers	Wedding invitations, calling cards, social announcements	
Magazines & periodicals	Bindery	
Books	Computer graphics	
Forms & stationery	Games of chance e.g. lottery tickets, scratch cards	
Corporate & financial materials e.g. annual reports, prospectuses	Discount or rebate coupons	
Catalogues	Security documents e.g. passports, cheques, certificates	
Directories e.g. Yellow Pages	Others (specify)	
Pamphlets & flyers	Total	100%
r 1200 21-25, 21-2		
	l nless or indemnity agreements in your favour	□Yes □No
. Do you require your clients to provide you for the content of publications and printed	nless or indemnity agreements in your favour	

6.

6.1. What percentage of your broadcast revenues is from:

Type of work	%	Type of work	%
Television		Others (specify):	
Radio			
Satellite		Total	100%

6.2. What percentage of your broadcast revenues is from:

Type of work	%	Type of work	%
News, current affairs & politics		Documentaries & educational	
Investigative & exposes		Cartoons & children's	
Business, finance & investments		Movies, drama series & sitcoms	
Sports		Others (specify):	
Music		Total	100%

	Name of station		
	FM frequency		
	Location & territories broadcast		
	• Type of content (e.g. news, music)		
	• First air date		
	Advertising rate		
6.4.	Please attach details of all television stations or channels owned or operated by you as follows:		
	Name of channel		
	location & territories broadcast		
	• Type of content (e.g. news, movies, sports)		
	• First air date		
	Advertising rate		
6.5.	What licensing bodies are you a member of?		
6.6.	Are your newsmen familiar with current defamation law?	□Yes	□No
6.7.	Is a solicitor consulted in respect of media law? If No, how do you handle legal compliance?	□Yes	□No
6.8.	Do you engage in investigative reporting or exposes? If Yes , how do you document your sources of information?	□Yes	□No
6.9.	Are your "action reports" or similar consumer programmes broadcast or telecast live?	□Yes	□No
	TOTAL IN THE STATE OF THE STATE		
	If Yes , how is broadcast information vetted?		
6.10	.Are talk shows and interview programmes pre-taped or pre-recorded?	□Yes	□No
6.11.	Do you use a delay device during "call in" or other live audience participation programmes?	□Yes	□No

6.3. Please attach details of all radio stations owned or operated by you as follows:

6.12	. Do your television stations use "mini-cams"?	□Yes	□No
6.13	. Do you require your sponsors and advertisers to execute written hold harmless or indemnity agreements in your favour for the content of advertisements?	□Yes	□No
6.14	. Do you require independent media producers and content providers to provide you with written hold harmless or indemnity agreements in your favour for the programming they offer?	□Yes	□No
	If you answered No to 6.13 or 6.14, how do you protect your interests?		
6.15	. Do you require independent media producers and content providers to provide evidence of liability insurance for the content of their programmes?	□Yes	□No
7.	Film & Media Production Section		
7.1.	Do you produce programmes used by stations you do not own or operate?	□Yes	□No
7.2.	Please attach details of all film & media productions undertaken by you in the past year as follows:		
	 Title Type of content or theme Territories where the title is distributed Number of episodes Programme time 		
7.3.	Do you always obtain the rights for the use of the names or likenesses of any person in your productions from the individuals or their estates or legal representatives?	□Yes	□No
7.4.	Do you always obtain the rights for the use of film clips?	□Yes	□No
7.5.	Do you always obtain the rights for the use of music?	□Yes	□No
8.	Risk Management - for all Applicants		
8.1.	Do you do any work for related parties or entities?	□Yes	□No
	If Yes , please describe the scope of work done, for whom, and the fee income.		
8.2.	Do you provide services involving games of chance?	□Yes	□No
	If Yes , please attach a copy of the procedures and controls employed, and complete details of each type of game prin	ted.	

Page 9 of 14

8.3.	Do you engage in the distribution or redemption of coupons, rebates or other promotional game tickets?	□Yes	□No
	If Yes , please attach details of such work and how you limit your liability.		
8.4.	Do you engage in the design of logos or trademarks for clients? If Yes , please attach the number designed each year and the procedures you have in place for copyrights and trademarks.	□Yes	□No
8.5.	Do you engage in the obtaining or providing of mailing lists to clients?	□Yes	□No
8.6.	Do you prepare bulk mailings for clients?	□Yes	□No
8.7.	Do you require clients to approve and sign off all proof copies before printing?	□Yes	□No
8.8.	What procedures, processes, check & balances do you have in place to minimise breach of intellectual property rights?	,	
8.9.	What procedures, processes, check & balances do you have in place to minimise defamation claims?		
	ent Contracts		
8.10	Do you execute a written contract, agreement or engagement letter for services with every client?	∐Yes	∐No
8.11.	Are these client contracts reviewed by a law firm experienced in your profession?	□Yes	□No
	If No , how do you review and approve client contracts?		
8.12	. Do these contracts contain		
	 Specific description of services that you provide? Guarantees or warranties of your services? Limitation of your liability to your clients? Hold harmless or indemnity agreements to your benefit? Hold harmless or indemnity agreements to your client's benefit? Disclosure of actual or potential conflicts of interest? 	☐ Yes	□ No
8.13	. Are all changes to your contracts confirmed in writing?	□Yes	□No

8.14	8.14. Are verbal reports or advice always confirmed in writing?					∐No		
Subcontractors								
8.15. What percentage of your professional services is subcontracted to others?						%		
8.16	8.16. What services are subcontracted?							
8.17.	Does your subcontractor contractua	ally agree to hold you harmles	s for liability caused by	the subcontractor's acts?	Yes	□No		
8.18	Do you contractually agree to waive or agents?	any legal rights you may have	e against your subcontra	actors, consultants	□Yes	□No		
8.19	. Do you ask for verification that the s	subcontractor carries professi	onal liability or media li	ability insurance?	□Yes	□No		
9.	Insurance History - For All Appli	icants						
9.1.	Do you currently have similar insura	ance?			□Yes	□No		
	If Yes , please provide details.							
	ii 1es, piease provide details.							
	Period of Insurance	Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
		Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive D	ate		
9.2.		rance been refused, or has an			Retroactive D	ate No		
9.2.	Period of Insurance Has any application for similar insur	rance been refused, or has an						
9.2.	Period of Insurance Has any application for similar insur	rance been refused, or has an						
9.2.	Period of Insurance Has any application for similar insur	rance been refused, or has an						
9.2.	Period of Insurance Has any application for similar insur	rance been refused, or has an						

10. Claims Experience		
10.1. Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be insured under this proposed contract of insurance?	□Yes	□No
10.2. Are any of the Principals, Partners, Directors or employees aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance?	□Yes	□No
10.3. Have you, your predecessors in business, or any current or former Principals, Partners, Directors, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?	□Yes	□No
If you had answered Yes to any of the questions in this section, please provide full details and the status of each claim, law matter, including:	vsuit, allega	tion or
 the date of the claim, suit or allegation the date you notified your previous insurers the name of the claimant(s) and the establishment(s) the allegations made against you the amount claimed by the claimant(s) whether the status is outstanding or finalised the amounts paid for claims and defence costs to date 		

Additional Information to Send with Your Application

Attach a copy of the following:	Yes	No
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services		
Latest financial statements or annual report		
Standard contracts or service agreements with clients		
Standard contracts or service agreements with advertisers		
Standard contracts or service agreements with subcontractors, authors, printers, media producers & content providers		
Resumes or CVs of all your Principals, Partners or Directors		
For publishers, details of your publications as requested in 4.3		
For broadcasters, details of your stations as requested in 6.3 & 6.4		
For film & media producers, details of your productions as requested in 7.2		
For new businesses only, your business plan with projections of business		

Declaration

We have read and understood the Important Notices contained in this application.

We agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

We declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

This form must be reviewed, signed and dated by a duly authorised Principal, Partner or Director. The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

Personal Information Collection Statement

Chubb Insurance Singapore Limited ("Chubb") is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb's Data Protection Officer ("DPO") (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb's DPO.

If you would like to obtain a copy of Chubb's Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb's DPO at:

Chubb Data Protection Officer Chubb Insurance Singapore Limited 138 Market Street #11-01 CapitaGreen Singapore 048946 E dpo.sg@chubb.com

Signed, Principal / Partner / Director

Name of Signatory

Date

Contact Us

Chubb Insurance Singapore Limited Co Regn. No.: 199702449H 138 Market Street #11-01 CapitaGreen Singapore 048946 O +65 6398 8000 F +65 6298 1055 www.chubb.com/sg

Chubb. Insured."

Published 08/2016 Page 14 of 14

 $^{^{\}circ}$ 2016 Chubb. Coverages underwritten by one or more subsidiary companies. Not all coverages available in all jurisdictions. Chubb $^{\circ}$ and its respective logos, and Chubb. Insured. $^{\text{TM}}$ are protected trademarks of Chubb.