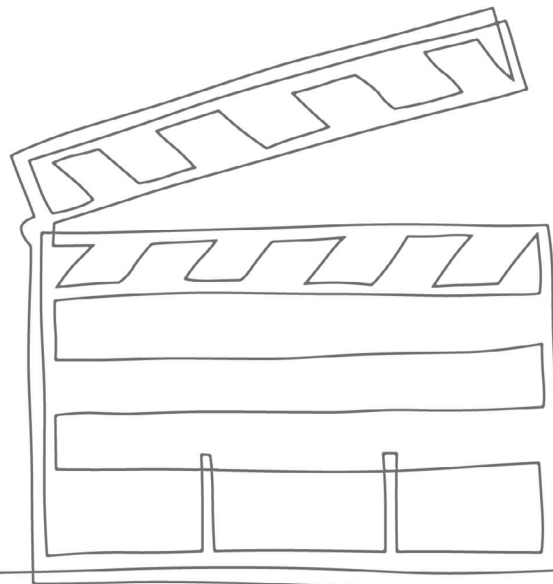


application form



- Please provide all requested information, **attaching answers on a separate sheet if necessary.**
- The proposer and underwriters are free to choose the law applying to this insurance contract.
- Any enquiry or complaint should be addressed in the first instance to your broker.
- Please return signed form to your broker by email.

NOTICE: THIS INSURANCE IS PROVIDED ON AN OCCURRENCE BASIS. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS. PLEASE REVIEW THE COVERAGE PROVIDED UNDER THIS POLICY CAREFULLY AND DISCUSS WITH YOUR INSURANCE AGENT OR BROKER.

General information

1. Name of organization or Legal entity (Applicant):

2. Address (Not P. O. Box):

If you require cover for any subsidiary companies you must name them below, and include the subsidiary information in all answers.

3. Name and address of all subsidiaries:

4. Website:

5. Date Firm was established: (dd/mm/yyyy) / /

Revenue information

6. Please split your annual income between the jurisdiction of your contracts:

Jurisdiction	Annual income
USA:	\$
Elsewhere: (please specify countries)	\$
Total:	\$

Previous insurance information

7. If you currently have E&O insurance, please complete the following:

Limit of Liability:

Deductible:

Premium:

Business activities

8. a. Please provide the approximate split of your current annual income between the following:

Advertising agency	%
Digital advertising agency	%
Marketing consultancy	%
Experiential marketing	%
Branding consultancy	%
Graphic design	%
Public relations agency	%
Social media strategy/consultancy	%
Market research	%
Printing	%
Direct marketing	%
Sales promotion	%
Media buying	%
Photography/videography	%
Production of commercials or music videos	%
Production of corporate videos	%
Post production	%
Animation	%
b. Publishing/broadcasting/author:	%
c. Social influencer/blogger/vlogger	%
d. Other (please specify)	%
Total:	100%

9. In your own words, please describe your business activities, including any specialisms:

10. If you are a publisher, broadcaster, author, social influencer, blogger or vlogger, please provide approximate splits between the following. If not, please skip to question 11.

a. How is content disseminated?

TV	%
Radio	%
Internet	%
Books	%
Magazines	%
Newspapers	%
Other (please specify)	%
Total:	100%

b. What is the nature of the content that you publish/broadcast?

News	%
Beauty/lifestyle	%
Celebrity	%
Special Interest/hobbies	%
B2B	%
Fiction	%
Investigative/exposé	%
Other (please specify)	%
Total:	100%

c. If you undertake any live broadcasting, do you have a time delay to manage offending content? Yes No

11. a. Please give details of the two (2) largest contracts that you have carried out in the past three (3) years, or that are pending. **(Please complete this section ONLY if you carry out services for clients as per Question 8a).**

	Contract 1	Contract 2
Name of client:		
Nature of work, including your role:		
Duration:		
Is it complete? (Please tick relevant boxes):	Yes No If No, is it overdue? Yes No	Yes No If No, is it overdue? Yes No
Income to you:	\$	\$
Total value of contract:	\$	\$

- b. What is your average income per contract? \$
- c. What is the highest profile client you have or expect to work for?

Risk management procedures

12. a. What procedures do you have in place to ensure that any photo, film clip, music or other content used by you does not breach any third party rights? If you have standard written procedures, please attach a copy.
- b. Under what circumstances would you refer material to lawyers for checking and which lawyers do you use?
- c. When creating content under contract, do you always obtain written client sign-off before it is printed, aired or published? Yes No
- d. If you are a publisher or author of content, social influencer, blogger or vlogger, please provide an overview of your editorial procedures and controls:

Website procedures

13. a. Please provide details of your takedown procedures in the event of a complaint related to third party material:

- | | | | |
|----|---|-----|----|
| b. | Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible, e.g. any weblog, online journal, online diary, or online chat room? | Yes | No |
| c. | Do you subject all third party material to your standard checking procedures (as declared earlier in this application) prior to posting it on your Website? | Yes | No |

Cyber & privacy

- | | | | |
|--------|--|-----|----|
| 14. a. | Do you collect or store personally identifiable information (PII)? | Yes | No |
| b. | Do you store or process any data on behalf of any third party? | Yes | No |

If 'Yes' to question a or b above, please describe type and amount by completing the boxes below:

Type	Number of people		
	0 – 5,000	5,001 – 25,000	> 25,000
Payment card:			
Passport/National Insurance/ other Government issued ID			
Other (please specify)			

- | | | | |
|----|---|-----|----|
| c. | Do you store this PII at all, even if briefly?
If so, please describe how you store securely, including whether encrypted? | Yes | No |
|----|---|-----|----|

- | | | | |
|----|--|-----|----|
| d. | Do you allow PII to be stored on any mobile devices, such as laptops, tablets or USB sticks? | Yes | No |
|----|--|-----|----|

If 'Yes', do you have automatic encryption of such data?	Yes	No
--	-----	----

If 'No', please state approximately how many devices are likely to have PII on them:

0 – 25	26 – 50	51 – 100	> 100
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Claims declaration

15. After enquiry, are your management aware of any claim against you, or any matter which may lead to a claim against you, arising out of your business activities? Yes No

This includes:

- a complaint, direct or indirect criticism or dispute whether express or implied about your work, or anything you have supplied (whether justified or not), which you cannot reasonably rectify or remedy;
- a client withholding payment due to you following a complaint or an awareness of failing or problem with your work, which you cannot reasonably rectify or remedy;

16. After enquiry, are your management aware of any loss from the actual or suspected dishonesty or malice of any employee or self-employed freelancer? Yes No

If 'Yes' to any of the above, please provide full details below:

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDEWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY, NEW JERSEY, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

Signed:

Print name:

Title:

Date:

/ /

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Agent's Signature:

Agent's Printed Name:

Florida Agent's License Number:

Complaints

If you have any concerns about your policy or you are dissatisfied with the handling of a claim and wish to complain you should, in the first instance, contact the Beazley complaints manager in writing to:

Beazley Group
Plantation Place South
60 Great Tower Street
London EC311 SAD
I +44 (0)20 7667 0623
beazley.complaints@beazley.com