



Advertising agency, marketing and communications industry renewal application

Notice: this insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Section 1 – Your business

General information

1. Name of applicant:

Address:

Zip code:

Telephone: Email:

Website:

When was your business established?

Geographic area

2. Geographic area in which your business operates:

Local Regional (Multi-State) National International

Your gross annual billings and gross annual revenue

3. Please provide details about your gross annual billings and revenue in the table below:

	Past year ending / /	Current year	Estimate for coming year
Total gross billings (including but not limited to fee income/revenue, pass through costs, media spend, production and campaign costs and payments to subcontractors)	\$	\$	\$
Total gross revenue	\$	\$	\$

Estimated percentage split of your total gross billings (including pass through costs) for:

	Past year ending / /	Current year	Estimate for coming year
Work carried out for:			
U.S. and Canadian operations	%	%	%
Non-U.S. and Canada operations	%	%	%

Please specify countries outside the USA and Canada, if applicable:



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Your business activity

4. a. Your percentage of gross billings (including fee income) for the coming year must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

Design of print literature/ documents	%		Promotional/sweepstakes development	%
Production of radio/TV programs	%		Package/display/product design	%
Corporate identity/brand consultancy	%		Graphic design (not interior or product design)	%
Internet (e.g. pop-ups/banner ads)	%		Mobile telecoms (e.g. SMS, MMS)	%
Printing	%		Photo services	%
Public relations consultant	%		Mail order or catalog sales	%
Website design	%		Music service	%
Web hosting	%		Market research	%
Telemarketing	%		Media buying	%
Product fulfilment	%			
Others – please specify:	%			

b. Do you expect any significant changes to the split of activities shown above (in Q.8) in the coming 12 months? Yes No

If Yes, please give details:

Contracts

5. Please give details of the five largest contracts you have carried out in the past three years:

Name of client	Nature of work undertaken	Total value of contract
		\$
		\$
		\$
		\$
		\$

Within the past three years what is the average value of the contracts you get involved in? \$



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6. Do any of your clients produce or manufacture:
Tobacco Firearms Alcoholic beverages Pharmaceuticals

Trademarks

7. a. Do you develop trademarks for your clients? Yes No
If Yes, how many trademarks do you develop per year?

- b. Do you perform trademark searches? Yes No

If Yes, to a. or b. above, please describe procedures for clearing trademarks:

Section 2 – Risk management

8. Does your contract always provide for client approval? Yes No
If No, please explain:

9. Do you obtain written releases with respect to creative material or talent from the following:
- a. employees? Yes No
 - b. models? Yes No
 - c. freelance photographers, writers, composers, artists, musicians? Yes No
 - d. non-professional persons appearing in commercials or advertisements? Yes No

10. Please describe any changes to your procedures to ensure that any photo, film clip, music or other content used by you does not breach any third party rights:

Section 3 – General matters

Claims declaration

11. a. Have you or any of your subsidiaries been sued or threatened with suit arising out of the content of any material advertised, published and/or broadcast by you or otherwise that falls within the scope of proposed coverage, which has not been reported to us? Yes No
If Yes, please provide full details:



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Regulatory violations

- b. Have you been cited by a regulatory agency for violations arising out of your advertising activities, which has not been reported to us? Yes No
If Yes, please provide full details:

- c. Are you or any subsidiaries aware of any facts, circumstance(s), or situation which could reasonably lead to you suffering a loss, or claim being made against you that falls within the scope of the proposed coverage? Yes No
If Yes, please provide full details:

It is understood and agreed that with respect to questions 11 a., b. and c., that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Supplemental Information

Please attach the following additional information:

- Advertising materials about your operations
- Specimen contract with clients and sub-contractors
- Current financial statements, annual report and/or 10k

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.



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Signature

Date (mm/dd/yyyy)

Title:

A copy of this application should be retained for your records.