

Section 1 – Your business						
1.1 Your business	Business name:					
	Main address:					
	Post code:					
	Date business established:					
	Type of organisation:					
	Website:					
1.2 Your employees	Your total number of employees (includin	g subsidiaries):				
1.3 Your experience	How many years of relevant experience of	do you have?				
1.4 Subsidiary companies	Do you require cover (under any section to be insured) for any subsidiary companies? Yes No					
	If Yes, you must ensure that all other information you give in this proposal form incorporates that for the subsidiary companies, including income and claims information.					
	You must also complete Section 2 – Sub	-				
1.5 Business activities description	Please provide a description of your busing words including any specialisations:	ness activities in your own				
1.6 Your income	Your income for the last completed financi completed your first financial year, your ex					
	Please provide a breakdown of your incor	ne according to the region:				
	Region	Percentage split	7			
	United Kingdom (UK)	%	1			
	Republic of Ireland (IRE)	%				
	European Union (excluding UK/IRE)	%				
	USA and Canada	%				
	Australia	%				
	Rest of the world	%				
	Total	%				
	If your income is expected to significantl provide an estimate and any supporting		year, please			



1.7 USA and Cana		b. Do	anada? o you ha	ve an incorpora	ated con	npany in t	ight in USA and the USA or Cana the subsidiaries		Yes ☐ Yes ☐	No 🗌
Section 2 – Subsidiary companies		Please o			if you r	equire co	over under any	section	n of cover fo	or
		We can			to incl	ude subs	sidiary compan	ies for	which you r	equire
		=			oanies is	s aiven be	elow (or on a se	parate s	sheet if neces	ssarv): an
		b. the	turnove	-	formatio	-	ed on this propos			
		c. all		formation you g		is propos	al form incorpor	ates tha	at for the sub	sidiary
2.1 Subsidiary con		or indire	ctly, owi	ns more than 50	0% of th	e book va	ch the company alue of the asset liary companies	s or out	standing voti	
		Name				gistered a de and co	address includin untry	-	ercentage sha come	are of
								•		
Section 3 – Publishing a				se complete th se move to sec		on if you	ı are a Publishe	er, if yo	u are not a	
3.1 Your publishin		For all til		publish please	fill out th	ne table b	elow. Please co	ontinue (on a separate	e sheet
Name of publication	Genre		ears in eration	Turnover from title		ency of cation	Approximate circulation per issue	Cour	ntries of circ	ulation

Name of publication	Genre	Years in operation	Turnover from title	Frequency of publication	Approximate circulation per issue	Countries of circulation



3.2 Contract publishing a.				What percentage of your turnover comes from contract publishing? (Publications where you do not have any editorial input.)					
		b.	Do you alwa print?	ays get sign-off	from the client b	efore going to	N/A 🗆 🗅	∕es ☐ No ☐	
3.3 Media content	providers	a.	How much of your content is produced by the following:						
			i. Freela	incers				%	
			ii. In-hou:	se staff				%	
					dications; wire se	arvices		%	
			110110	•					
		b.			le written warran us matter, and a			es 🗌 No 🗌	
		C.		ractually requir indemnity insu	re your freelance urance?	rs to carry their o	own Y	es 🗌 No 🗌	

Section 4 – Optional - please complete this section Broadcasting activities Broadcaster please move to section 5.

Optional - please complete this section if you are a Broadcaster. If you are not a Broadcaster please move to section 5.

4.1 Your broadcasting business activities

 a. For all material you broadcast, please fill out the tables below, please continue on a separate sheet if necessary:

Name of broadcast	Platform of broadcast	Genre	Peak audience figure	Geographical market

Type of programme	Percentage split of total broadcasting time	Programmes produced by you	Programmes produced by others
Sport/comedy / light entertainment	%	%	%
Films	%	%	%
News	%	%	%
Investigative	%	%	%
Documentaries (non-investigative)	%	%	%
Current affairs	%	%	%



Music	%	%	%
Discussion, phone- ins, live, unscripted	%	%	%
Children's	%	%	%
Religious	%	%	%
Reality	%	%	%
True crime	%	%	%

	<u> </u>				
		True crime	%	%	%
	b.	For all live broad	lcasts is there a time dela	y? 1	N/A 🗌 Yes 🗌 No 🗌
		If No, please pro	vide details:		
	C.		casts, are the areas for d wyers for any potential le vise:		N/A □ Yes □ No □
.2 Distribution	a.	Do you sell or su distributors or br	upply your own programm oadcasters?	es to third party	Yes ☐ No ☐
		If Yes, please sp	pecify to what countries/re	gions.	
	b.	do not produce?	tach a copy of your standa	·	Yes □ No □
Section 5 – Risk Management		Optional - please	complete this section if se move to question 3.7		If you are not a
.1 Clearance procedures	a.	publication/broad editorial and com If Yes, please prin-house counse	with a qualified media lawydcast advice and implement implaint handling procedure ovide the name of the firmula. If No, please describe hiding when you would reference.	entation of appropriate es? n or the name and experience now you handle legal com	pliance pre-
		If you have stand	dard written procedures, p	olease attach a copv.	



b. Do you have a structured process or procedure in place to ensure

		that your work does not infringe a third party's intellectual property rights and that you obtain all appropriate licences or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content? If No, please provide details:	Yes ☐ No ☐
	C.	Do you always include a disclaimer in any publication/broadcast where you provide advice or guidance of any kind?	Yes No NA
	d.	If you're a publisher or broadcaster of biographical content prior to dissemination is this reviewed by a third party lawyer? If No, please describe your internal processes:	Yes No NA
	e.	Do you have written complaint and retraction procedures?	Yes 🗌 No 🗌 NA 🗍
	f.	Who is responsible for final sign-off of content prior to publication? Please give details of their position and relevant experience:	
5.2 Expose material	Do y	ou publish or disseminate any exposé or true crime material?	Yes □ No □
		es, will you be making any new allegations or revealing any new mation?	
5.3 Brought-in programming	whic	rou require an indemnity from suppliers for programmes or material th you buy in?	Yes 🗌 No 🗌
	If No	o, please provide details:	
5.4 User generated content	a.	Do you have any facility for user generated content?	Yes 🗌 No 🗌
	b. c.	Do you allow third parties to upload music or videos onto your website? Please describe the risk management procedures in place to deal generated content, including any moderation:	Yes ☐ No ☐ with any user
		gonoration, morading any moderation.	



5.5 Artificial intelligence	Do you use artificial intelligence, including generative ratification intelligence Yes \(\square \) No \(\square \) (gen-Al) for content creation or other business activities for clients?						
	If Y	es:					
	a.	Please provide a description of what you use for this?					
	b.	Which platforms do you use?					
	C.	Do you always ensure that the platforms allow you to utilise the content on a commercial basis	Yes No				
	d.	Do you ensure that a human always checks the produced material prior to use?	Yes 🗌 No 🗌				
Section 6 - Claims		u must complete this section. Please complete the claims questions foe insured.	or any risk now				
6.1 General	In relation to your professional business activities, are you or any of your senior management aware, after undertaking reasonable enquiry, of:						
	a.	any matter which may lead to a claim against you.					
		This includes:					
		 a shortcoming or problem in your work known to you which you cannot reasonably put right; 	Yes 🗌 No 🗌				
		 a complaint about your work or anything you have supplied which cannot be immediately resolved; 	Yes 🗌 No 🗌				
		iii. an escalating level of complaint on a particular project;	Yes 🗌 No 🗌				
		iv. a client withholding payment due to you after any complaint.	Yes 🗌 No 🗌				
	b.	any loss from the dishonesty or malice of any employee or self- employed freelancer.	Yes 🗌 No 🗍				
	C.	any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.	Yes 🗌 No 🗌				
	d.	any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee.	Yes ☐ No ☐				
	this you	ase note that the obligation to notify us of circumstances which 'may' give proposal form, may differ from the claims notification obligations in your in are in any doubt as to what you need to disclose to us, please contact your circly.	surance policy. If				
	If yo	ou answered Yes to any of the above, please provide full details:					



6.2 Your directors and partners

Have you or any of your directors or partners at any time either personally or in any business capacity:

Yes ☐ No ☐

- been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?
- b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt?

 Yes No

If the answer to a. and/or b. above is Yes, please give full details on a separate sheet.

6.3 Claims history

In respect of the following insurance covers:

Professional Indemnity

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

prev	iously insu	ured or not)?		`	Yes 🗌 No 🗀
If Y	es , please	give full details be	low:		
Da	te	Details		Amount	Remedial action
-	/ /			£	
		l nyone that works fo oceedings by any p		I s ever been the subject anisation?	of Yes No
		after enquiry of ar ch may give rise to		ry or disease to an	Yes ☐ No ☐
If Ye	s, please	provide full details:			
a.	In the last	t five years, have the	ne company or	any insured person bee	n the
u.		an investigation by			Yes No No
b.	made aga		its directors, of	claims and or investigati ficers or employees whi it been in force?	
C.	aware of		nce, allegation	s, officers or employees or incident which may g	
d.		t five years you hav	e not been the	subject of any employn	nent Yes 🗌 No 🗌
lf Y €	s , please	provide full details:			



	Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms? Yes No If Yes , please provide details:					
	Date Details					
Section 7 –	You must complete this section.					
Declaration	Please read the declaration carefully and sign at the bottom.					
7.1 Material information	Please provide us with details of any other material information which may be relevant to our consideration of your proposal for this insurance. If you have any doubt over whether something is relevant, please consult with your broker or Hiscox directly.					
	Is there anything else that you would like to tell us about you or your business?					
7.2 Fair presentation	In deciding whether or not to offer you insurance cover and in setting the terms and premium, we have relied upon the information you have given us.					
	By signing the Declaration below, you are confirming to us that you have:					
	 given a fair presentation of the risk to be insured (a fair presentation is one which discloses in a clear and accessible manner all material facts which you, including your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search); and have taken care to answer any questions we have asked and ensured that all information provided is true, accurate and complete. 					
	A material fact is one which is likely to influence our acceptance or assessment of this proposal. If you are in any doubt as what constitutes a material fact, you should consult your insurance broker or Hiscox directly.					
7.3 Declaration	I/we confirm that the information given in this proposal form is correct, accurate and complete and I/we have made a fair presentation of the risk.					
	Name of director/officer/board member/senior manager					
	Signature of director/officer/board member/senior manager Date					
	A copy of this proposal should be retained for your records.					
Your information	Hiscox is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at dataprotectionofficer@hiscox.com.					

PF-PROF-UK-MUL-PI 23057 06/25 We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and



obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy.

Contact us

If you need to contact us:

Email: service@hiscox.com
Telephone: 0808 3036 335

If you wish to make a complaint please follow the process via: www.hiscox.co.uk/existing-customers/contact-us/complaints