

Proposal No: _____

INDUSIND ERRORS & OMISSIONS POLICY - PROPOSAL FORM
Multimedia Professional Liability

NOTE: The policy provides that the limits of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

A. GENERAL SECTION (All Proposers must fill out this section)

The following information must accompany this Proposal and will be considered part of the Proposal:

- Most recent annual report
- Latest audited financial statements
- All promotional materials distributed in connection with the applied for professional services
- Specimen contracts applicable to each applied for professional service

Proposer's Details

1. Name of the Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T				
2. Address of Proposer					
Flat/Building		Road/Street/Sector			
Area		City			
Pin Code		State			
Country		Phone			
Mobile		Fax			
Email					
3. PAN No.		4. UID Aadhaar No.			
Do you have a GST Registration Number					☐ Yes ☐ No
If Yes, please specify					
5. Date Firm Established / Incorporated					
6. Limit of Liability Desired:	(aggregate)				
7. Has any insurer ever declined, cancelled, or refused to renew any similar insurance issued to your firm or any predecessor firm?					☐ Yes ☐ No
If yes, give details					
8. Has any similar insurance been issued to your firm or any of the firms to be included in this Proposal? If yes, complete the following for the last five (5) years:					☐ Yes ☐ No
Insured	Insurance Company	Type of Coverage	Limit of Liability	Deductible	Period of Insurance

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Errors & Omissions Policy. UIN No.: IRDAN103CP0004V01201112. IGI/MCOM/CO/MI-25/IE&OP (MPL)/PF/Ver. 1.2/160326.


IndusInd
 Insurance App


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9. Is the Proposer currently insured under a General Liability and/or Umbrella Policy?
If yes, give details. ☐ Yes ☐ No

Insurance Company	Type of Coverage	Limits BI	PD	Dates

10. After inquiry, do any of the Principals, Partners, Officers, Employees, Directors, or any other persons to be covered under this insurance, have knowledge of any act, error, omission or circumstance which may give rise to a claim against any proposed insured ? ☐ Yes ☐ No

(If yes, attach full particulars)

11. Have any professional liability (E&O) claims been made during the past five (5) years against the Proposer or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees or any predecessors in business? ☐ Yes ☐ No

If yes, describe the incident which caused the claim, the date it occurred, the amount of reserve or indemnity paid and estimated expenses paid as respects the claim. Provide an attachment giving this information.

B. PUBLISHING SECTION (complete this section only if you have publishing operations)

1. Indicate percentage of each type of book published/distributed:

Text Books	Percentage
Social, Political	
Classics	
Fiction, Drama	
Childrens	
Poetry	
Technical	
History	
Current Biography/Autobiography	
Religious	
other (describe)	
Total	100%

2. Gross annual sales for book publishing

	Amount
Publishing	
Distribution	
Subsidiary rights	

3. Are book publications reviewed by:

In-house counsel

Out-side counsel

Other (please describe)

4. Name of outside counsel:

5. Percentage of indemnification provided by author through publishing contract:

6. Attach current list of books published and description of standard procedures for checking originality, works, accuracy or content, title clearance, etc.

7. For those business periodicals/trade journals for which the Proposer has published, please list below a sample of five published works:

Sr. No.	Name of periodical	Date
1		
2		
3		
4		
5		

8. List all newspaper and magazines that the Proposer publishes:

Name	Location	Frequency of Circulation	Average Circulation

Attach list of additional publications not stated above

9. Check primary circulation areas:

National	
Suburban	
Regional	
Rural	
Metro	
Community	
Campus	
Other	

10. Editorial procedures

Particulars	YES or NO
Is a law firm consulted in respect to media law?	
Are letters-to-the-editor edited ?	
Are written hold-harmless indemnity agreements executed with advertisers and advertising agencies?	
Does Proposer firm engage in "investigative" reporting or exposes?	
If yes, describe methods for documenting sources of information	

C. BROADCASTERS LIABILITY PROPOSAL (complete this section only if you have broadcasting exposure)

1. Gross annual sales from broadcasting services ₹.

2. Check off where applicable:

Network affiliation (specify)

Independent

Public Broadcasting

Educational

Religious

All news

3. Radio Broadcasting

A. List stations owned or operated by Proposer:

Call Letters	AM/FM	Location	Air Date	Rate Per Hour	Spot Rate

B. For each station, describe format or type of programming:

4. Television Broadcasting

A. List stations owned or operated by Proposer

Call Letters	Location	Licensed	Air Date	Rate Per Hour	Spot Rate

B. Briefly describe station format or type of programming below:

5. Programming Procedures

Particulars	YES or NO
Is a law firm consulted with respect to media law?	
Are newsmen familiar with current libel law?	
Written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials?	



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Do news teams engage in "investigative" reporting? If yes attach description of methods for documenting sources of information	
Are "action reporters" or similar consumer programs Broadcast or telecast?	
Are talk shows and interview programs pretaped or Prerecorded?	
Is a delay device used during "call-in" or other live audience Participation programming over radio stations?	
Do television stations use "mini-cams" ?	
Does any station produce programs used by stations you do not own or operate? If yes, provide details of programming provided to others.	
Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? If yes, attach copy of agreement.	
Do you pay licensing fees to the relevant licensing bodies your territory or jurisdiction?	
If members of trade association, specify dues group or class for each station	

D. PRINTING SERVICES(complete this section only if you have provide printing services for others)

Text Books	Percentage
Social, Political	
Classics	
Fiction, Drama	
Childrens	
Poetry	
Technical	
History	
Current Biography/Autobiography	
Religious	
other (describe)	
Total	100%

3) If the Proposer performs services for games of chance, attach a copy of procedures and controls employed, and complete details of each type of game printed.	☐ Yes ☐ No
4) Does the Proposer engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? If yes, attach details including specific contracts.	☐ Yes ☐ No
5) Does the Proposer engage in the design of logos or trademarks for clients? If yes, attach a narrative describing (a) the number designed per year and (b) the procedures followed for trademarks/copyrights.	☐ Yes ☐ No
6) Does the Proposer engage in the obtaining or providing of mailing lists to clients?	☐ Yes ☐ No
7) Does the Proposer prepare bulk mailings for clients?	☐ Yes ☐ No

8) Does the Proposer require clients to approve all proof copies before printing? ☐ Yes ☐ No

PROPOSER'S BANK DETAILS

1. Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms.	FIRST	MIDDLE	LAST
2. Bank Account No.:	3. Account:		☐ Saving ☐ Current	
4. Name of the Bank:				
5. Branch				
6. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)				
7. IFSC Code (11 character code appearing on your cheque leaf)				

☐ I understand that any refund due on the premium payment I any payment I claims to be directly credited to my aforesaid Bank Account.
 *As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ No
If yes, please mention the name and relation and the position held by such close relative/family member.	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :
"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."
 (db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act, 2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION AND UNDERTAKING BY PROPOSER

I/We hereby further declare that the statements, answers and particulars made by me/us in this proposal form are correct, complete and true to the best of my/our knowledge and belief. It is hereby understood and agreed that the statements, answers and particulars provided herein above are the basis on which this insurance is being granted and that if, after the insurance is effected, it is found that any of the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this insurance.

I have understood all the terms & conditions of the policy.

I/We agree and undertake to convey to IndusInd General Insurance Company Limited any additions/ alterations carried out in the risk proposed for insurance after submission of the proposal form.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Place: _____

Date: _____

Signature of Proposer

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.



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