

## PROPOSAL FORM

**NOTICE: THE POLICY PROVIDE 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

### GENERAL INFORMATION

1. Proposer Name: \_\_\_\_\_
2. Address of Principal Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Date Firm Established / Incorporated: \_\_\_\_\_
4. Limit of Liability Desired: \_\_\_\_\_ (aggregate)
5. 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 \_\_\_\_\_
6. Has any similar insurance been issued to your firm or any of the firms to be included in this Proposal? Yes ☐ No ☐  
If yes, complete the following for the last five (5) years:
- | Insured | Insurance Company | Type of Coverage | Limits | Deductible | Dates |
|---------|-------------------|------------------|--------|------------|-------|
|         |                   |                  |        |            |       |
|         |                   |                  |        |            |       |
7. Is the Proposer currently insured under a General Liability and/or Umbrella Policy? Yes ☐ No ☐  
If yes, give details.
- | Insurance Company | Type of Coverage | Limits | BI | PD | Dates |
|-------------------|------------------|--------|----|----|-------|
|                   |                  |        |    |    |       |
|                   |                  |        |    |    |       |
8. 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)
9. 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.

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10. a. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

	YEAR	AMOUNT
a)	Current Projected	Rs.
b)		Rs.
c)		Rs.
d)		Rs.

- b. Estimate revenue for the next 12 months.

U.S. and Canada Rs. \_\_\_\_\_

India Rs. \_\_\_\_\_

Foreign Rs. \_\_\_\_\_

- b. Show actual revenue and number of clients for the past 3 years.

Year	U.S. / Canada Revenue (Rs.)	No. of Clients	India Revenue (Rs.)	No. of Clients	Foreign Revenue (Rs.)	No. of Clients

10. For the receipts listed in Question 6a), please give the approximate percentage derived from each of the activities listed in Question 4.

ACTIVITY	% of 6a) RECEIPTS
	%
	%
	%

- b. Market Sector Analysis

(please specify %)	
Government	Financial
Manufacturing/Industrial	Transportation
Wholesale/Retail	Construction
Healthcare/Medical	Other(s) – Mostly IT / ITES

NOTE : ALL PROPOSERS MUST SIGN PROPOSAL ON LAST PAGE

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

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

_____ % textbooks	_____ % social, political
_____ % classics	_____ % fiction, drama
_____ % childrens	_____ % poetry
_____ % technical	_____ % history
_____ % current biography/autobiography	_____ % religious
_____ % other (describe)	

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2. Gross annual sales for book publishing

\_\_\_\_\_ Publishing  
 \_\_\_\_\_ Distribution  
 \_\_\_\_\_ Subsidiary rights  
 \_\_\_\_\_ Total 100%

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:

	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

A. Is a law firm consulted in respect to media law? Yes ☐ No ☐  
 B. Are letters-to-the-editor edited? Yes ☐ No ☐

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- C. Are written hold-harmless indemnity agreements executed with advertisers and advertising agencies? Yes ☐ No ☐
- D. Does Proposer firm engage in "investigative" reporting or exposes? If yes, describe methods for documenting sources of information Yes ☐ No ☐

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

1. Gross annual sales from broadcasting services Rs. \_\_\_\_\_

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	First Air Date	Advertising Rate per Hour	Highest 30 sec. 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	Date Licensed	First Air Date	Advertising Rate per Hour	Highest 30 sec. Spot Rate

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

5. Programming Procedures

- A. Is a law firm consulted with respect to media law? Yes ☐ No ☐
- B. Are newsmen familiar with current libel law? Yes ☐ No ☐
- C. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? Yes ☐ No ☐
- D. Do news teams engage in "investigative" reporting? If yes, attach description of methods for documenting sources of information Yes ☐ No ☐
- E. Are "action reporters" or similar consumer programs Broadcast or telecast? Yes ☐ No ☐
- F. Are talk shows and interview programs pretaped or Prerecorded? Yes ☐ No ☐
- G. Is a delay device used during "call-in" or other live audience Participation programming over radio stations? Yes ☐ No ☐
- H. Do television stations use "mini-cams" ? Yes ☐ No ☐
- I. Does any station produce programs used by stations you do not own or operate? Yes ☐ No ☐
- If yes, provide details of programming provided to others.

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- J. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? Yes ☐ No ☐  
If yes, attach copy of agreement.
- K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? Yes ☐ No ☐
- L. Do you pay licensing fees to the relevant licensing bodies in your territory or jurisdiction? Yes ☐ No ☐
- M. If members of trade association, specify dues group or class for each station. Yes ☐ No ☐

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

1) Gross revenue from printing services for other: Rs. \_\_\_\_\_

2) Indicate the percentage of gross receipts derived from each of the following:

a) Business and legal forms, including stationary	%
b) Corporate or financial related materials (annual reports, prospectus, Stock reports)	%
c) Books	%
d) Games of chance (i.e. chances, lottery tickets)	%
e) Pamphlets & flyers	%
f) Discount/rebate coupons	%
g) Catalogs	%
h) Yellow page directories	%
i) Wedding invitations, calling cards, other social announcements	%
j) Bindery	%
k) Computer graphics	%
l) Other	%
<b>TOTAL</b>	<b>100%</b>

- 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.
- 4) Does the Proposer engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes ☐ No ☐  
If Yes, attach details including specific contracts.
- 5) Does the Proposer engage in the design of logos or trademarks for clients? Yes ☐ No ☐  
If Yes, attach a narrative describing (a) the number designed per year and (b) the procedures followed for trademarks/copyrights.
- 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 ☐

### Additional Details:

**Nationality:** ☐ Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: \_\_\_\_\_

### Type of Organization

- ☐ Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐ International Organization
- ☐ Trust ☐ Partnership ☐ Cooperatives ☐ Section 25 Company

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PAN card number (10 character number): \_\_\_\_\_

Sources of funds: Please tick appropriate box

☐ Salary☐ Business☐ Others (please specify) \_\_\_\_\_

### Section 41 of Insurance Act 1938 (Prohibition of rebates)

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 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 prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

### Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

### AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

### Contact details of TAGIC and TAGIC CIN

#### Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at [www.tataaig.com](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425

IRDA Approved Product Name & Product UIN no. IRDAN108CP0044V01201819

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

Title : \_\_\_\_\_

(Must be signed by the CEO or President, or Managing Director if a corporation, a general partner, if a partnership)