

Thompson Insurances

16 Upper Grand Canal Street, Dublin 4, Ireland
Tel + 353 1 481 7700 Dir Tel + 353 1 481 7717
Fax + 353 1 6604058 Email david.percy@nti.ie

PROFESSIONAL INDEMNITY FACT FIND

Group Name:
(If applicable)

Group Insurance

Is your Professional Indemnity covered as part of a group policy? YES NO

Company Name:

Address:

Please provide similar details for any other Companies or Businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional Insured
Name & Address:

Additional Liabilities:

Is cover required for anything other than work undertaken by the firm(s) identified on the Professional Insurance Portfolio Proposal Form? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere. YES NO

If YES, please provide details:

YES NO

Year Business Established:

Total Income:

	Last Completed Financial Year	Current Year	Estimate Next Year
Irish Law Contracts	€	€	€
UK/EU Law Contracts	€	€	€
US Law Contracts	€	€	€
Other Law Contracts	€	€	€

Number of Employees:

Last Year	Current Year	Estimate Next Year

Your Experience:

Please confirm that one or more of the Principals has at least 5 years experience in the relevant industry. YES NO

If NO, please provide CV's for all Principals

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Your Business Activity

1. Which communications area are you involved in? (Please include any Internet involvement)

Media	Yes/No	State %
Creative	Yes/No	State %
Digital Media	Yes/No	State %
Digital Creative	Yes/No	State %
Other (please specify)		

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2. Please indicate below your split of current year **revenue including fee/commission income** from the following categories (note not the turnover figure which may be a lot different particularly for Media work):

Advertising €

Website Design €

Production €

Media Sales €

Other (please specify)

Have you ever bought Professional Indemnity Insurance in the past? YES NO

If YES, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Premium	Renewal Date	No. of years Continuously Held

Please complete the claims questions below.

1. Has **Applicant** been cited by any regulatory agency for violations arising out of advertising activities? Yes No
 If Yes, please explain: _____

2. Does **Applicant** obtain written releases with respect to creative material or talent used in advertising? Yes No

3. Does **Applicant's** contract always provide for client approval? Yes No

4. Does **Applicant** develop product names, package design or display designs? Yes No
 If Yes, please describe procedures for trade mark searches: _____

5. Does a senior member of the organisation sign off on all advertisements to avoid copyright infringement issues? Yes No

6. Has any claim, over €5,000 been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not) in the past 3 years? Yes No
 If "YES" please provide details below:

Date	Details	Amount	Remedial Action

Signature of Principal/Partner/Director

Date

Print Name

Note this document is a fact find only and no cover or contract has been entered into by completing it.