



www.artisanuw.co.nz



Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about

If you do not tell us anything

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

Privacy Notice

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information responsibly. We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act. We have developed a Privacy Policy that outlines how we collect, store, use, and disclose your personal information. Please refer to our website below for a copy of our Privacy Policy.



1. Insured Entities			Date Incorporated		NZBN	
2. Telephone number			Email addresse	s		
3. Websites						
4. Addresses				Post (Code	
5. Name of Principal/ Directors	Age	Qualific	cations	Start	date with I	nsured
					/	/
				'		
Number of Directors, Principal, Partners & Staff	Full t	time		Part Time		
Directors, partners, principals						
Qualified/Technical staff						
Administration/Other staff						
Total all staff						



Part B - Professional Services and Activities

Note: Fee income / Revenue income must include from joint ventures and fees attributable to sub-contractors and sub-consultants.

6.Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
New Zealand	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
Total	\$	\$	\$

7.Please provide an approximate percentage allocation of the Insureds income for each of the classifications (where applicable);

(i) Media Activities

Categories	% Fee Income	Business Discipline	% Fee Income
Advertising Agency		Graphic Design	
Photography / Cameraman		Video Production Consulting	
Copy writer		Journalist	
Publishing - Newspapers, Magazines, Books and/or other print media		Website Design Services	
Commercial Printing		Marketing Consulting	
Online / Digital Broadcasting and/or Publishing		Writing Consulting and/or services	
Editing		Public Relations Consulting	
Radio Broadcasting		Writer / author	
Film / Television Production		Other (please specify below)	
Television Broadcasting			Total 100%

Categories	Number of publicati ons per year	Category	Number of publicati ons per year Category
Fiction		Political / Religious / Social	
Educational / Scientific / Technical		Health / Medical	
Financial / Investment		General / Non-fiction	
Autobiographies		Biographies -Unauthorised	
Biographies - Authorised		Other(detail below)	

(iii) Newspapers and Magazines Publishing

Please provide the following details of each publication issued in the last twelve (12) months

Name of Publication	Date published	Frequency of Publication (every week, month etc)	Annual Circulation	Subject Matter

What percentage of publications liste	d above are published	in an on-line/digital format?
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%

(iv) Broadcasting - Television and Radio

TV or Radio station	Transmission hours / day	Format(s) or type of programming of the station

(v) On-line / digital broadcasting and publishing

Internet Site (including URL)	Date On-line	Average views per day

8.Are written disclaimers always included with advice being given? No Yes
9. Are written disclaimers or hold harmless agreements executed with any third Parties? No Yes
10.Are there formal quality assurance, peer review or risk management procedures in place, which addresses risks related to your services? No Yes
11.Please provide highlights of the program which you have implemented to reduce / manage risk related No Yes
12.Do you always seek your clients formal sign off prior to the printing, publication or formal release of any sort of material, content or publication? No Yes
13.Do you have recall, withdrawal, removal, clarification or apology/rectification procedures or controls in place with respect to media content or material, publications or similar? No Yes
Please provide further details of procedures:
14.Please confirm any legal review process in place in respect of media, defamation and copyright law, including content reviews, editorial procedures, ownership or licensing of copyrighted content. No Yes
Please provide further details of procedures:

15.Does the Insured (where applicable) use a delay device du programming or productions?	ining an live interviews and an other live
If "No" please provide details as to what alternative pro programming.	ocedures and controls are in place to monitor live
Port C. Inguisance Poteile	
Part C - Insurance Details	
16.Does the Insured carry an active and current Professional I	Indemnity Insurance Policy?
No Yes If Yes, please provide details:	
Name of Insurer	Premium
	\$
Limit of indemnity	Excess
\$	\$
Expiry Date	Retroactive Date Specified
/ /	1 1
Part D - Claims	
17.Is the Insured aware of any circumstance or incident which partners/principals/directors or employees?	n may give rise to a claim against the Insured or its
No Yes If Yes, please provide details:	

predecessors in business or	there any pending claims aga its current or former partners/ ties or services for which this p	principals/directors or emplo		
į daras ir salas sa	Yes, please provide details:	,		
Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss	
/ /		\$	\$	
1 1		\$	\$	
principals/directors or emplo	ny actual or pending prosecution by ees under any statute, legisles, please provide details: artner/directors or employees	ation, regulation or By-Law v	vhatsoever?	
No Yes If Yes If Yes 21.Has the Insured (including former partners/principals/d	ct of an inquiry investigating o Yes, please provide details: g its subsidiaries, previous bus lirectors) ever had any Insurer sional Indemnity Insurance po	sinesses or predecessors in k decline a proposal, imposed	ousiness or its current or	
	Yes, please provide details:	шсу:		
Part E - D	eclaration			
Please Note: Signing the De any insurance whatsoever.	eclaration does not bind eithe	er the proposed Insured or t	he Insurer to execute this or	
given in this proposal have this proposal are true, accur	the Insured declares that all been made and the Insured o rate and complete and that n grees that if any of the inform	confirms that the statements o material facts have been o	s and particulars given in omitted, misstated or	

the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof

to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed			
Name of Partner(s) or Director (s)			
On behalf of			
Date	/	/	



