HDFC ERGO General Insurance Company Limited



MULTIMEDIA LIABILITY INSURANCE POLICY - PROPOSAL FORM

Completing the Proposal Form

* Please answer **ALL** questions in full leaving no blank spaces.

* If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE EXPENSES." DEFENSE EXPENSES." WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. NOTICE: THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS FROM THAT AFFORDED BY OTHER POLICIES. PLEASE READ THE ENTIRE POLICY CAREFULLY.

The liability of the Company does not commence until the acceptance of the proposal form has been formally intimated by the Company and full premium has been realized by the Company.

		APPLICANT	NEODMATION	, , ,									
1	Name of Applicant	APPLICANT	INFORMATION										
	Address of Applicant's principal or												
	registered												
			Pin Code										
		City		#Mobile									
	State	Tel. No.	STD Code	#Mobile									
	*Please provide correct mobile number of the propos	sed insured, to receive information relating to policy s	ervicing and premium acknowledgement.										
		COVERAG	E DESIRED										
2	Limits of Liability desired												
	Each Claim or Related Claims												
	Aggregate for all Claims												
}	Retention desired for each Claim or Related Claims												
		GENERAL II	NFORMATION										
ļ	The Applicant is Individual Non-pro	fit Corporation Privately Held	Partnership Publicly Traded Other										
5	Year established Y Y Y Y												
6	Covered Media												
a. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g. daily, weekly), average circulation, and geographical market served													
	Publication	Frequency	Circulation	Geographical Market									
		overage is sought and provide the number of subscril	pers (for cable stations), the highest sixty (60) second	advertising rate (for broadcast stations) and the									
	geographical market served, and the station format.												
	Station	Subscribers / Advertising Rate	Geographical Market	Format									
	Discontinuo describe all'alban												
	Please list or describe all other communications or other media activities												
	for which coverage is sought.												
	What are the total annual revenues												
	generated by all of the Covered Media for Last year?												
	Are any Covered Media published, broadcast,	Vee No											
	or otherwise communicated in a language	Yes No											
	other than English? If "Yes," please identify such Covered Media and the	language used											
	Sr. No.		Covered Media										

9	Does the Applicant currently maintain a media liability insurance policy? If "Yes," please provide the following information	a liability insurance policy? s," please provide the following information																																
	Name of Insurer																																	
	Policy Period								Limit																									\neg
	Deductible								Premium															\exists										
	Length of time coverage has been continuous	cly in	forco:																															\dashv
10	Has any media liability insurance for the	ory III	_																															
10	Applicant or any Covered Media ever been declined or cancelled? If "Yes," please attach an explanation.		Yes		No																													
11	Does the Applicant maintain a comprehensive general liability policy? If "Yes," please attach an explanation.		Yes		No																													
	Name of Insurer																																	
	Policy Period								Limit																									
	Is Personal Injury coverage included?		Yes		No																													
	Is Product Liability coverage included?	$\overline{}$	Yes		No																													
	MEDIA OPERATIONS INFORMATION																																	
12	What percentage (%) of the content of the Cov	vorod	l Modic	io our	nlind h	v otrir									MAT	ПОІ		0/																
13	Please describe the Applicant's policy and	/erea	i wedia	is sup	pplied b	y Strii	igers,	ireeiai	icers	OI OI	ner no	onem	oloye	es:_			_	%					_							_				-
10	practice regarding hold harmless or	+	+	H		_	+		+	+		_	+	+	+	_	Н	_	+	+	+	+	+	+	+	Н	+	+	+	+	+	Н	+	-
	indemnification agreements with stringers and freelancers, and attach a sample of any																										_	_						
	standard indemnification or hold harmless																																	
14	agreement. What percentage (%) of the content of the Cov	vorod	l Modic	ic do	ived fro	m no	we or	Footur	o evne	dicati	one o	r wiro	con	icoc	2			0/.																
15	Does the Applicant engage in any of the follow								-						· —			_ /0																
	Hidden cameras/microphones Yes		No					de alo	-					Ye	s [No																	
	Reliance on anonymous sources Yes	H	No					nderco	•	nvoct	liantin	ne		Ye			No																	
16	If the Applicant answered "Yes" to any of the	_					UI	iueicc	vei ii	iivesi	ligalio	1115	_	10		_	110			_		_		_						_	_			_
16	items in question 15, please describe the	_	+			_	+		+	+		_	+	+	-	<u> </u>	Н	_	+	+	+	+	+	+	+	Н	#	+	+	+	+	Ш	+	4
	Applicant's policy and practice governing the use of such techniques.																																	
17	Please describe the Applicant's policy and													Т		T			Т						Т				_	_	_			
	practice regarding the processing of and	\pm	\pm			\pm	+		+	+		+	+	+	+	H		+	\pm	+	\pm	+	$^{+}$	+	H	H	\pm	\pm	\pm	\pm	\pm		\dashv	=
40	response to requests for retraction. Does the Applicant enter into indemnification o	با مطع	d b a ma	Jana a		nto fo		Haired	nortio.	o to	ub a m	the A	nnlin		m.mli		ontor	4 60 4	الماديم	inatio		. b.s.	daa	40		V	+	┽						
18	If "Yes," please describe the Applicant's	partie	S to v	VIIOIII	trie A	ppiici	ant s	suppii	es c	onter	IL IOI	publi	Icalic	011 01	DIO	auca	Sl?	$\overline{}$	Yes	누	N	.0	_				_							
	policy and practice regarding the entry into	+	+			+	+		+	+	H	\pm	+	\pm	+	\vdash		+	\pm	+	\pm	+	\pm	÷	_	H	+	+	+	\pm	\pm	H	\pm	-
	such agreements and attach a sample copy of a standard agreement.																									Ш								
19	Does the Applicant engage in any live program	nming	g?	Yes		No																												
	If "Yes," please describe the type of delay																																	
	device utilized and the Applicant's policy and practice regarding the use of such device.																										\Box	\Box		Т				
											CAL	DE	V/IEV	M																				
20	Please provide the name, address, and teleph	ono i	numbo	r of the	Annlic	ant'c	in hou	co loa	al cor		:GAI	_ RE	VIE	VV																				
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21	Does the Applicant retain outside counsel for a Name	out of	tne p	DUDIIC	ation (or bro	oadc	ast of	r ma	teriai	? <u> </u>	_ T	es	H	No	' 					_	_	_	_										
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22	Approximate number of hours billed per month Please describe the Applicant's policy and [1: [ho	urs												1			_			_	_			_				_	_			-
	practice regarding legal review of articles,	+	+	-		+	+		+	+		_	+	+	+		Н	_	+	+	+	+	+	+	_	뭐	+	+	+	\pm	+	\square	+	4
	broadcasts, or other communications prior to																									1 1								

publication.

LOSS HISTORY										
In the past ten (10) years, has the Applicant been sued or threatened with suit for any act, error, or omission relating to the gathering or communicating of inform of invasion of privacy or appropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful										
If "Yes," please describe in detail the	entry or trespass? Yes No									
circumstances of each suit or threat of suit,										
including the identity of the claimant; the										
factual and legal basis for the claim; and the disposition, including the rupee amount of any										
defense expenses, settlements and judgments.										
After inquiry, do any of the principals, partners, officers, directors, or employees of the Applicant or any other proposed insured have knowledge or informatio	n about any act, error, or omission relating to the									
gathering or communicating of matter which might reasonably be expected to give rise to a claim against any proposed insured? Yes No If "Yes," please provide full details.										
ii 165, piedec provide full details.										
Without prejudice to any other rights and remedies claims, facts, circumstances or situations required to above is excluded from the proposed in ATTACHMENTS	surance.									
To complete the application, please attach the following										
■ Current financial statements ■ Copy of current rate cards for covered broadcast station	ons									
 One copy of each covered publication If in business for less than three (3) years, resumes for 	or all principals									
PREMIUM DETAILS										
Amount Rs. Rupees										
SOURCES OF FUND										
Salary Business Other (Please Specify)										
BANK ACCOUNT DETAILS										
Name of the Bank Account Holder										
Bank Account No.	Account: Savings Current									
Name of Bank Branch										
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)										
IFSC Code (11 character code appearing on your cheque leaf)										
I wish: Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*										
*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.										
Note: 1. Please provide a cancelled copy of cheque of your bank account.										
2. The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the custom	ner. Please ensure that you provide accurate details to the									
Company.										
SIGNATURE AND AGREEMENTS										
NOTICE TO APPLICANT - PLEASE READ CAREFULLY										
FRAUD WARNING The proposer understands that if a proposal has been completed for this insurance, then the statements and all particulars provided in such proposal, and an	by attachments thereto, are material to the insurance									
company's decision to provide this insurance. The proposer further understands that the insurance company will, in its sole discretion, issue this Policy in reliance upon the truth of such statements and particulars.										
THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MISREPRESENTATION, MIS-DESCRIPTION OR NON-DI										
THE INSURED. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES, A PR										
INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A I THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.	FRAUDULENT INSURANCE ACT WHICH WILL RENDER									
IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT E	NTRY VOUCHER INVOICE OR OTHER DOCUMENT									
PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED PERSON, INSURED ORGANI	SATION, POLICYHOLDER, BENEFICIARY, CLAIMANT									
OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MAD OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED PERSON. INSURED										
CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.	O ONGANIGATION, FOLIGITIOLDEN, BENEFICIANT,									
Notice:										
Anti-Rebating In accordance with Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:										
NO PERSON SHALL ALLOW OR OFFER TO ALLOW, EITHER DIRECTLY OR INDIRECTLY, AS AN INDUCEMENT TO ANY PERSON TO TAKE OUT,										
RESPECT OF ANY KIND OF RISK RELATING TO LIVES OR PROPERTY IN INDIA, ANY REBATE OF THE WHOLE OR PART OF THE COMMISSION P.										
ON THE POLICY, NOR SHALL ANY PERSON TAKING OUT OR RENEWING OR CONTINUING A POLICY ACCEPT ANY REBATE, EXCEPT SUCH REBAT PUBLISHED PROSPECTUS OF THE INSURER.	IL AS WAT DE ALLOWED IN ACCURDANCE WITH THE									
VIOLATIONS OF SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED SHALL BE PUNISHABLE WITH A FINE WHICH MAY EXTEND TO ₹10 LA	KHS.									
DECLARATION										
The undersigned persons declare that to the best of their knowledge the statements set forth herein are true and correct and that reasonable efforts has been	a made to obtain sufficient information from each and									
every director, officer and employee proposed for this insurance to facilitate the proper and accurate completion of this Proposal. The undersigned further agr										
effective date of the Policy, if insurance is provided, (1) any material change in the condition of the Applicant is discovered, or (2) there is any material change										
of which would render this Proposal inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately and, if necessary	, , , , , , , , , , , , , , , , , , , ,									
The signing of this Proposal does not bind the undersigned to purchase the insurance, but it is agreed by the Applicant and all persons proposed for this insurance that the particulars and statements contained in this Proposal and attachments and materials submitted with this Proposal (which shall be retained on file by the Company and shall be deemed attached to the Policy, if insurance is provided, as if physically attached thereto) are true and correct and will be the basis of the Policy and will be considered as incorporated in and constituting part of the Policy. It is further agreed by the Applicant and all persons proposed for										
							this insurance that such particulars and statements are material to the decision to provide this insurance and that any Policy will be issued in reliance upon the truth of such particulars and statements. All such particulars and statements shall be deemed to be made by each and every one of the persons proposed for this insurance, provided that, except for any misstatements or omissions of which the signers of this			
Proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any proposal are aware, and the proposal are aware and the proposal are also and the proposal are also are also as a proposal are also as a pro										
might offer grounds for a future claim against him or her shall not be imputed, for purposes of rescission of the Policy, to any other persons proposed for this										
of the statement. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS. I hereby grant consent to Agent/B share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insura										
PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF THE COMPANY ARE AUTHORISED TO SOLICIT PROPOSALS FOR INSURANCE. AGENTS AND	• •									
INSURANCE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE PROPOSAL AND BINDS THE INSURANCE.	S. C. LEROTHE HOTTIO HIGHOLD TO DIND									
Date: D D M M Y Y Y Y T										
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	Authorised Signature of a President, Chairman or Partne									