## **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.

		ADDITIONAL	NEODMATION												
1	Name of Applicant	APPLICANT I	NFORMATION												
	Address of Applicant's principal or														
	registered														
			Pin Code												
		City		#Mahila											
	State	Tel. No.	STD Code	#Mobile											
	*Please provide correct mobile number of the propos	sed insured, to receive information relating to policy se	rvicing and premium acknowledgement.												
		COVERAG	E DESIRED												
2	Limits of Liability desired														
	Each Claim or Related Claims														
	Aggregate for all Claims														
3	Retention desired for each Claim or Related Claims														
		GENERAL IN	FORMATION												
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														
1.	Please list all print publications for which coverage is	sought and identify the frequency of publication (e.g.	daily, weekly), average circulation, and geographical n	cal market served											
	Publication	Frequency	Circulation	Geographical Market											
			l l												
		overage is sought and provide the number of subscrib	ers (for cable stations), the highest sixty (60) second a	dvertising rate (for broadcast stations) and the											
	geographical market served, and the station format.	T .													
		overage is sought and provide the number of subscrib	ers (for cable stations), the highest sixty (60) second a  Geographical Market	dvertising rate (for broadcast stations) and the  Format											
	geographical market served, and the station format.	T .													
	geographical market served, and the station format.	T .													
	geographical market served, and the station format.	T .													
	geographical market served, and the station format.	T .													
	Station  Station  Please list or describe all other communications or other media activities	T .													
	geographical market served, and the station format.  Station  Please list or describe all other	T .													
	Station  Station  Please list or describe all other communications or other media activities	T .													
	geographical market served, and the station format.  Station  Please list or describe all other communications or other media activities for which coverage is sought.  What are the total annual revenues	T .													
	Station  Station  Please list or describe all other communications or other media activities for which coverage is sought.	T .													
	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,	Subscribers / Advertising Rate													
	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, or otherwise communicated in a language	T .													
	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,	Subscribers / Advertising Rate  Yes No													
	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, or otherwise communicated in a language other than English?	Subscribers / Advertising Rate  Yes No													
	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, or otherwise communicated in a language other than English?  If "Yes," please identify such Covered Media and the	Subscribers / Advertising Rate  Yes No	Geographical Market												
	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, or otherwise communicated in a language other than English?  If "Yes," please identify such Covered Media and the	Subscribers / Advertising Rate  Yes No	Geographical Market												
	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, or otherwise communicated in a language other than English?  If "Yes," please identify such Covered Media and the	Subscribers / Advertising Rate  Yes No	Geographical Market												

9	Does the Applicant currently maintain a media liability insurance policy?  If "Yes," please provide the following information	ability insurance policy?  please provide the following information																																
	Name of Insurer																																	
	Policy Period								Limit															$\neg$										
	Deductible								Premium																									
	Length of time coverage has been continuous	cly in	forco:																					$\dashv$										
10	Has any media liability insurance for the	vingurance for the																																
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.																																	
	Name of Insurer																																	
	Policy Period								Limit																									
	Is Personal Injury coverage included?		Yes		No																													
	Is Product Liability coverage included?	$\overline{}$	Yes		No																													
12	What percentage (%) of the content of the Cov	vorod	l Modic	io our	nlind h	v otrir		MED froolog							MAT	ПОІ		0/																
13	Please describe the <b>Applicant's</b> 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 <b>Applicant</b> 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 <b>Applicant's</b> policy and													Т		T			Т						Т				_	_	_			
	practice regarding the processing of and	$\pm$	$\pm$			$\pm$	+		+	+		+	+	+	+	H		+	$\pm$	+	+	+	$^{+}$	+	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	*10		V	+	┽						
18	If "Yes," please describe the Applicant's	JI HOIC	u nam	liess a	greeme	ints ia	ivoring	unira	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	No					-	
	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				
	LEGAL REVIEW																																	
20	Please provide the name, address, and teleph	ono i	numbo	r of the	Annlic	ant'c	in hou	co loa	al cor		:GAI	. KE	VIE	VV																				
20	Name	one	IIuIIIDE	or trie	Applic	anis	III-IIOU	se leg	ai coc	ıııseı																		$\neg$	$\overline{}$		$\top$			$\neg$
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21	Does the Applicant retain outside counsel for a Name	rising	out of	tne p	DUDIIC	ation (	or bro	oadc	ast of	r ma	teriai	? <u> </u>	_ T	es	H	No	' 					_	_	_	_									
	Address	_	+	$\overline{\Box}$			+		+	+	${\Box}$		+	+	+	$\frac{\bot}{\Box}$	Н		$\pm$	+	$^{+}$	+	+	+	+	$\vdash$	$\overline{}$	+	+	$\pm$	十	H		-
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	L		City																	Pin	Coc	ıe ∟												
	State																																	
22	Approximate number of hours billed per month: hours  Please describe the Applicant's policy and																											-						
	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 inf form 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 information gathering or communicating of matter which might reasonably be expected to give rise to a claim against any proposed insured?	on about any act, error, or omission relating to the
gamening of communicating of matter which might reasonably be expected to give rise to a claim against any proposed instret. Yes No If "Yes," please 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	Surance
ATTACHMENTS	our anos.
To complete the application, please attach the following	
Current financial statements Copy of current rate cards for covered broadcast stati	
<ul> <li>One copy of each covered publication</li> <li>If in business for less than three (3) years, resumes for</li> </ul>	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	
	Account: Savings Current
Bank Account No.	
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:	
<ol> <li>Please provide a cancelled copy of cheque of your bank account.</li> <li>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</li> </ol>	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 are	ny 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 reli	
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 PF INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A	
THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS.	TRADDOLENT INCONANCE ACT WITIOH WILE KENDER
IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT E	ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT,
PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED PERSON, INSURED ORGANI	
OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MAI OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED PERSON, INSUREI	
CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.	
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.	
VIOLATIONS OF SECTION 41 OF THE INSURANCE ACT 1938, AS AMENDED SHALL BE PUNISHABLE WITH A FINE WHICH MAY EXTEND TO ₹10 LAI	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	
every director, officer and employee proposed for this insurance to facilitate the proper and accurate completion of this Proposal. The undersigned further aging 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 is	
this Proposal and attachments and materials submitted with this Proposal (which shall be retained on file by the Company and shall be deemed attach 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 fur	
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 up	
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 Proposal are aware, any misstatements or omissions in this Proposal, or the attachments and materials submitted with it, concerning any matter which any	
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	roker/Corporate Agent or any other licensed intermediary to
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.	DRUNEKS ARE NOT AUTHURISED TO BIND
Date: D D M M Y Y Y Y T	
Date	
	Authorised Signature of a President, Chairman or Partne