



# Media Application

Media & Marketing  
Professionals

**Vailo Insurance Services Ltd**

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## APPLICATION FOR INSURANCE

**PLEASE READ CAREFULLY:** This is an application form for Claims made policy. All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use separate page.

**Copies of the following must be enclosed with this application:**

- (a) resumes / Cvs of principals, partners and senior staff members
- (b) brochures and/or promotional literature of website address

1. (a) Name of Applicant(s):

(b) Mailing Address:

(c) Website Address:

(d) Date Established (Month/Day/Year):

(e) Applicant is: ☐ Individual ☐ Partnership ☐ Corporation

(f) Location(s) of branch office(s):

2. (a) Limit of Liability required: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ Other:

(b) Deductible: ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other:

3. Number of Employees: Canada: USA: Other:

4. Please indicate the Applicant's gross annual revenue:

Previous Year \$	Anticipated \$

5. If the applicant provides their services to clients outside of Canada, please state the percentage and describe the services provided):

Type of Service	Country	% of Revenue



**6. Split of turnover including fees in the last complete financial year. If a new start-up, please anticipate your figures:**

Marketing consultancy	%
Market Research	%
Digital marketing	%
Direct marketing	%
Telemarketing	%
Creation of content for advertisements	%
Design of printed literature and documents	%
Media buying / placement	%
Sales promotion	%
Graphic Design	%
Corporate identity / brand consultancy	%
Creative consultancy	%
Public relations	%
Exhibition, conference design	%
Shop, point of sale design	%
Database management / list broking	%
Post production	%
Illustration and animation	%
Photography	%
Print for third parties	%
<b>Other work – details below</b>	
	%
	%
<b>Total</b>	<b>100%</b>

**7. List the company's three largest customers and provide a description of the products/services provided (Including contract value:**

Customer Name	Type of Service	Single Largest Contract / Project Value



8. Is there a structured process or procedure in place to ensure that your work does not infringe a third party's intellectual property rights and that you obtain all appropriate licenses or permissions from copyright holders when you use any photographs, pictures, film clips, music or any other content?

☐ Yes ☐ No

If **NO**, please explain why not:

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9. Do you use internal or external lawyers for clearance advice?

☐ Yes ☐ No

Please provide further details:

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10. If you send marketing communications to consumers including post, email, telephone or text, do you always obtain or verify explicit consent (opting in) from each individual before these communications are sent?

☐ Yes ☐ No ☐ N/A

If **NO**, please explain:

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11. Do you carry out any printing activities for third parties?

☐ Yes ☐ No

If **YES**:

- a. What is your largest print contract (by number of pieces printed)?

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- b. What is the total cost of your largest print contract?

\$

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c. Does any of your printing involve medical records, personally identifiable records, government records or financial information?

☐ Yes ☐ No

If **YES**, please provide details:

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d. Do you always obtain final client sign-off before going to print?

☐ Yes ☐ No

**12. Do you carry out any direct marketing or sales promotion work?**

☐ Yes ☐ No

If **YES**, do you carry out any mailings?

☐ Yes ☐ No

If **YES**:

a. What is your largest mailing (by number of pieces printed)?

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b. What is the total cost of your largest mailing contract?

\$

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b. Do you undertake 100% mailings (contracts where 100% of the client database must receive the mailing)?

☐ Yes ☐ No

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i. If **YES**, please provide details of the nature of the mailing(s) and client(s):

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ii. What percentage of your total mailings are 100% mailings?

%

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**13. Do you produce any commercials or promotional films?**

☐ Yes ☐ No

If **YES**, how is this split into the activities listed below:

a. Production of advertisements for commercial TV	%
b. Production of advertisements for cinema	%
c. Production of promotional /information / corporate videos	%
d. Production of music videos	%
e. Others, please specify	%
	%
	%
<b>Total</b>	<b>100%</b>

**14. Do you carry out work only under a standard contract signed by every client?**

☐ Yes ☐ No

If **YES**, please supply a copy of your standard form of contract,  
or otherwise a typical example of contract used.

☐ Attached

If **NO**, are all contracts vetted by a legally qualified person before being agreed?

☐ Yes ☐ No

**15. When entering into contracts do you always:**

a. Exclude liability for consequential, special or indirect damages, loss of profits and liquidated damages? ☐ Yes ☐ No

b. Cap your overall liability at a reasonable level?

☐ Yes ☐ No

c. Work to a written specification with your clients outlining the scope of each job?

☐ Yes ☐ No

d. Ensure that changes to the scope of work are reflected in a written variation of the contract? ☐ Yes ☐ No

If **NO**, to any of the above, please explain why:

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16. (a) Please provide the following details of all Professional Liability / Errors & Omissions Insurance carted In the past three years:

Insurer	Expiry Date	Limit	Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

b. When was the first date on which the Applicant purchased continuous claims made coverage?

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c. Has the Applicant ever been declined, non-renewed or cancelled by any Insurer for Professional Liability / Errors & Omissions Insurance?

☐ Yes ☐ No

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If YES, please explain:

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17. In the last five years, has the Applicant ever had a claim made against them? ☐ Yes ☐ No

If YES, please provide the following details on a separate page, and include:

- a) Date of Claim
- b) Claimant's Name
- c) Nature of Claim
- d) Amount of Indemnity Payment and Defence Costs

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18. Does the Applicant, or any of the Applicant's employees, have knowledge or information of any act, error, omission or circumstance which might reasonably be expected to give rise to a claim?

☐ Yes ☐ No

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If YES, please explain:

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## COMMERCIAL GENERAL LIABILITY — Complete this section only if you require CGL quotation

CGL is offered only to Applicants whose E&O Insurance is placed with Vailo.

19. Please list all locations at which business is conducted, providing details indicated below

Address	Rent or Own	Area (m <sup>2</sup> )	Age	Construction (frame, brick, etc.)	No. of stories	Tenants' Legal Liability Limit Requested

If the location(s) is owned, please describe other occupancies (if any):

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20. Does the applicant construct, install or manufacture any products?

☐ Yes ☐ No

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If YES, please explain:

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21. Please provide a full description of product sales, if any:

Type of Product	Estimated Current Fiscal Year

## COMMERCIAL GENERAL LIABILITY COVERAGE REQUESTED

22. Please indicate the limits for which quotes are required:

- ☐ \$1,000,000 per occurrence / \$1,000,000 aggregate  
☐ \$2,000,000 per occurrence / \$2,000,000 aggregate  
☐ \$5,000,000 per occurrence / \$5,000,000 aggregate  
☐ Other (please specify) \$





## EXTENSIONS

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23. (a) ☐ Non-owned Automobile Liability

If non-owned automobile liability is required, please respond to the following questions:

(I) Please indicate the number of employees who regularly drive their own vehicle on company business:

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(II) Please indicate the approximate number of "rental days" in the next 12 months that your employees will rent a vehicle (short term) for the purpose of conducting company business in:

Canada:

United States:

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## PREVIOUS COMMERCIAL GENERAL LIABILITY INSURANCE

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24.

(a) Name of Present Insurer:

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(b) Policy Period:

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(c) Limit and Deductible: \$

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25. Has any insurer cancelled, declined or refused to renew or issue insurance of the type applied for?

☐ Yes ☐ No

If YES, please provide details:

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## CLAIMS HISTORY — Applicable to Commercial Liability Insurance

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Please provide details (dates, nature of claim, amounts, status) of all Commercial General Liability Insurance claims that you have experienced in the past three years. Use additional pages if necessary.

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## APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

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I hereby acknowledge that the Information collected In the Application form Is acquired by my Insurance broker to be transmitted to Vallo Insurance Services Lid. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Vallo Insurance Services Lid., Its Insurers or service providers to:

- Conduct verification, using outside sources, of the information contained in the Application form, In attached documentation and in subsequently provided documentation.
- In the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purpose of Investigating, defending, negotiating or settling any claims as required.

## DECLARATION AND SIGNATURE

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The undersigned Applicant for this Insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient Information to facilitate the proper and accurate completion of this Application form. The undersigned further agrees that it any significant change in the condition of the Applicant Is discovered between the date of this Application form and the effective date of the policy, which would render this Application form Inaccurate or Incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the Insurance, the undersigned Applicant agrees that this form and the Information furnished pursuant hereto shall be the basis of the contract should a policy be Issued and this form will become part of the policy.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_