

Instructions for completing this Supplementary Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
 - the entity or entities named in question 1
 - the past and/or present employees or principals of the entity or entities; and
 - the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this a Supplementary Proposal Form was signed and dated

3. Please state the approximate percentage of the Insured's gross turnover derived from the following:

	Last 12 months	Next 12 months (estimated)
a) the design or creation and placement of advertisements with the media (including the cost of media space and time) in respect of TV advertising	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
b) as above, but in respect of all other advertisements placed in the media (excluding TV)	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
c) the design and production of brochures, annual reports and similar advertising and promotional materials	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
d) market research consultancy	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
e) public relations consultancy	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
f) graphic design e.g. design of brochures, logos, etc., where the agency does not arrange production	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
g) design of games, competitions or special offers	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
h) other consultancy	<input style="width: 60%; height: 25px;" type="text"/> %	<input style="width: 60%; height: 25px;" type="text"/> %
total	100%	100%

4. If consultancy work is undertaken in respect of f), g) or h) above, please give details of the nature of such work.

Declaration

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix. except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x. I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- xi. I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of*

Date