

GENERAL INFORMATION

MULTIMEDIA PROFESSIONAL LIABILITY POLICY (ADVERTISING AGENCY)

FL SME - MPLP



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIM-MADE BASIS

1. NAME OF APPLICANT :						
2. PLEASE CHECK ONE BOX : []PARTNERSHIP	[] INDIVIDUAL []	PROFESSIONAL CO	DRPORATION [] P	rofessional asso	CIATION	
3. APPLICANT OFFICE ADDRESS :						
4. DATE OF INCORPORATION :		5. WEB SITE ADD	DRESS (if available)			
6. DURING THE PAST 6 YEARS, HAS APPLICANT N	AME CHANGED, HAD AN	Y MERGERS OR ACC	Quisitions? [] Ye	S []NO		
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES	OR AFFILIATES IN THE U	nited states &/or	CANADA? [] YE	S [] NO		
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YO	u desire coverage for	₹:				
9. PLEASE DETAIL NUMBER OF:						
PARTNERS/ MANAGERS/DIRECTORS & OFFICERS			EMPLOYEES			
10. PLEASE SPECIFY WHAT PERCENTAGES OF INS11. ARE SUBCONTRACTORS REQUIRED TO HAVE12. PLEASE COMPLETE THE APPROPRIATE SECTIO	THEIR OWN PROFESSION	IAL LIABILITY INSUR	ANCE? [] YE	ES []NO		
			PAST YEAR	CURRENT YEAR	PROJECTED FOR NEXT YEAR	
Design, Creation and broadcasting of commercials on TV (including the cost of transmission time)						
Design, Creation and broadcasting of commercials on radio (including the cost of transmission time)						
Design and creation of brochures, reports and similar	r advertising elements					
13. PLEASE COMPLETE THE APPROPRIATE SECTIO	ns indicating the reve	ENUES FROM THE F	OLLOWING CONSUL	TING SERVICES :		
			PAST YEAR	CURRENT YEAR	PROJECTED FOR NEXT YEAR	
(I) Marketing Research						
(II) Public Relations Consultant						
(III) Graphic Design, Package design/ logo/ trader						
(IV) Games, contest and special offers						
(V) Others (please specify)						
14. IS A LAW FIRM CONSULTED TO REVIEW MATE15. DOES THE APPLICANT DEVELOP PROMOTIONIf yes, provide complete details:				ES []NO ES []NO		
16. DOES THE APPLICANT DISTRIBUTE AND/OR R		L COUPONS?	[] YE	ES []NO		
If yes, how do they limit their responsibility?:		LINGS?	[] YE			
18. DOES APPLICANT OBTAIN WRITTEN APPROVA	L FROM THEIR CLIENTS B	EFORE PRINTING?	[] YE	S []NO		
19. PLEASE PROVIDE PREVIOUS INSURANCE INFO	PRMATION :					
CARRIER	LIMITS	DEDUCTIBLES	BLES EFFECTIVE DATES PREMIUM from (mo./day/year) to		PREMIUM	
				.,		

LIMITS OF LIABILITY	DEDUCTIBLES
INTERNAL CONTROLS	
B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT CO	EST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? [] YES [] NO PULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT
COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE?	[]YES []NO
C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REG	QUIRE REFERENCES FOR ALL EMPLOYEES? [] YES [] NO
D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECK [] YES [] NO If yes please detail name, position and time	KS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? ne with Applicant.
CLAIMS & CIRCUMSTANCES	
22. HAS ANY INSURER DECLINED, CANCELLED, OR REFUSED TO RENEW	V ANY SIMILAR INSURANCE ISSUED TO THE APPLICANT FIRM?
	[] YES [] NO
	AINST THE APPLICANT, OR ANY PREDECESSOR, SUBSIDIARY OR AFFILIATE
•	FORMS OF DEFAMATION, INVASION OR INFRINGEMENT OF THE RIGHT OF
	SLOGAN, PLAGIARISM, PRIVACY OR MISAPPROPRIATION OF IDEAS UNDER
IMPLIED CONTRACT OR ANY OTHER ACT, ERROR OR OMISSION ARISIN	
OF ANY KIND?	[] YES [] NO ITUATION INDICATING THE PROBABILITY OF A CLAIM FOR WHICH COVERAGE
WOULD BE AFFORDED BY THE PROPOSED INSURANCE?	YES NO
IF QUESTIONS 22-24 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUCAN AFFECT YOUR RIGHT IN CASE OF CLAIM.	UST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY
FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BA A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING (ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE	ARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAI SIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE EINTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.
IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS PURCHASE THE INSURANCE.	APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO
ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF (THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TA THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AC	JD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAMI CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS IEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR GERAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.
THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PA	ARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.
SIGNATURE OF OWNER, PARTNER, OR OFFICER :	
SIGNATURE OF OWINER, FARTINER, OR OFFICER :	

DATE :_____

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