



MARKETING AGENCIES SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your PI Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

A BUSINESS DETAILS

1. Please provide details of your estimated gross turnover for the next 12 months by the following activities:

Type of Work	% Gross Turnover
Placement – TV, radio, cinema	%
Placement – Off-page and billboard	%
Production – TV, video, radio, stills	%
Creative – copy, design, layout	%
Sales promotion or competitions	%
DM list hire	%
Print	%
Other (please specify) <input type="text"/>	%
Other (please specify) <input type="text"/>	%
TOTAL	100%

2. Do you sub contact any part of your work? Yes No

If Yes, please describe the nature and state the percentage of this type of work outsourced and provide a copy of the contract

3. Do you have Hold Harmless Agreements with other parties, including your sub-contractors, in respect of outsourced work? Yes No

If Yes, please provide full details and copies of any agreements



4. Do you provide written assurance to your clients in respect of compliance with Fair Trading, Commerce, Privacy or other relevant legislation? Yes No

If Yes, please attach a copy of your standard letter or certificate

Empty text box for providing a copy of the standard letter or certificate.

5. Have you agreed, or will you agree, to indemnify any other parties concerned with the preparation or production of marketing or advertising material used by you on behalf of your clients? Yes No

If Yes,

(a) Please provide the name, address and function of all such other parties

Empty text box for providing details of other parties.

(b) Advise and, if possible, supply the form in which such agreement has taken place (i.e. contract, agreement or letter)

Empty text box for providing details of the agreement form.

6. Is there any other information in your possession that you would consider material to the risk being proposed? Yes No

If Yes, please provide full details

Empty text box for providing full details of other information.

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed, Printed name, Position, and Date fields with input boxes.



Quay Tower, 29 Customs Street, PO Box 44, Auckland. www.qbe.co.nz Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

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