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## **MULTIMEDIA LIABILITY ADDENDUM**

Note: Fee income / Revenue income must include from joint ventures and fees attributable to sub-contractors and sub-consultants.

1.Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
Australia	\$	\$	\$
Other (exc USA/Canada)	\$	\$	\$
USA/Canada	\$	\$	\$
Total	\$	\$	\$

2. Please provide a % allocation of the Insureds income for each of the classifications (where applicable) ;

(i) Media Activities

Categories	% Fee Income	Media Activity	% Fee Income
Advertising Agency		Graphic Design	
Photography / Cameraman		Video Production Consulting	
Copy writer		Journalist	
Publishing - Newspapers, Magazines, Books and/or other print media		Website Design Services	
Commercial Printing		Marketing Consulting	
Online / Digital Broadcasting and/or Publishing		Writing Consulting and/or services	
Editing		Public Relations Consulting	
Radio Broadcasting		Writer / author	
Film / Television Production		Other (please specify below)	
Television Broadcasting			Total 100%

## (ii) Book Publishing

Categories	Number of publicati ons per year	Categories	Number of publications per year
Fiction		Political / Religious / Social	
Educational / Scientific / Technical		Health / Medical	
Financial / Investment		General / Non-fiction	
Autobiographies		Biographies -Unauthorised	
Biographies - Authorised		Other(detail below)	

(iii) Newspapers and Magazines Publishing

Please provide the following details of each publication issued in the last twelve (12) months

Name of Publication	Date published	Frequency of Publication (every week, month etc)	Annual Circulation	Subject Matter

%

What percentage of publications listed above are published in an on-line/digital format?

(iv) Broadcasting - Television and Radio

TV or Radio station	Transmission hours / day	Format(s) or type of programming of the station

Average views per day Average views per day					
ren?					
d with any third Parties?					
ed with any third Parties?					
ement procedures in place, which addresses risks					
No Yes					
6. Please provide highlights of the program which you have implemented to reduce / manage risk related to exposures covered by this policy.					
nting, publication or formal release of any sort of					
gy/rectification procedures or controls in place with					
- )(					

9. Please confirm any legal review process in place in respect of media, defamation and copyright law, including content reviews, editorial procedures, ownership or licensing of copyrighted content.

10. Does the Insured (where applicable) use a delay device during all live interviews and all other live programming or productions?

No 🗌 Yes 🗌

If "No" please provide details as to what alternative procedures and controls are in place to monitor live programming.

## DECLARATION

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /

