



ADVERTISING AGENCY/MEDIA CONSULTING SUPPLEMENT
 Forming part of the Professional Liability Application

201-339 Westney Rd. S., Ajax Ontario L1S 7J6
 Office: 905-428-1269 Fax: 905-428-3977
 www.amfredericks.com

_____ Name of Applicant

Provide the percentage of your firm's gross revenue from the last fiscal period attributable to the following:

Public Relation	_____	Percentage
Publishing	_____	Percentage
Production of films, Radio or Television Programs	_____	Percentage
Photo Service	_____	Percentage
Promotions/Sweepstakes Development	_____	Percentage
Broadcasting	_____	Percentage
Mail Order or Catalog Sales	_____	Percentage
Package/Display/Product Design	_____	Percentage
Music Service	_____	Percentage
Market Research	_____	Percentage
Other _____	_____	Percentage
Describe		

TOTAL should equal 100%

Provide the percentage of your firm's modes of advertising and gross revenue from the last fiscal period attributable to the following:

Radio	_____	Percentage
Television	_____	Percentage
Telemarketing	_____	Percentage
Banner Advertisements	_____	Percentage
Public Service Announcements	_____	Percentage
Internet/Website	_____	Percentage
E-Mail	_____	Percentage
Direct Mail	_____	Percentage
Magazines	_____	Percentage
Cable	_____	Percentage
Other _____	_____	Percentage
Describe		

TOTAL should equal 100%



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Does your firm provide any services other than Advertising e.g., Market research, Product Testing etc.? Yes No

Does your firm design logos and/or trademarks? Yes No

If Yes, please describe your legal review procedures for clearing trademarks/copyrights.

Does your firm produce political advertisements? Yes No

If Yes, please provide full description.

Do you retain the rights to completed advertisements? Yes No

If Yes, please provide details.

Does your firm provide services for any clients in which a principal, partner, officer or employee of your firm is also a principal, partner, officer, employee or a more than 3% shareholder of said client? Yes No

If Yes Please provide:

Client Name

Applicant's relationship with client

Approximate General Revenue generated from Client

Were more than 50% of your total gross billings for any one year derived from a single client or contract? Yes No

If Yes Please provide:

Client Name

Services Rendered

How long you expect this relationship to continue



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Describe your firm's five(5) largest jobs or projects during the past three (3) years.

	Clients Name	Services Provided	Total Gross Billing (CAD\$)
1			
2			
3			
4			
5			

Do you provide professional services on projects in which you retain an ownership interest? Yes No

If yes, please provide full details

Do you utilize the services of independent contractors or sub-consultants? Yes No

Approximate percentage of billing attributable to sub-contractors/consultants? _____
Percentage

Are all sub-contractors and consultants required to show proof of General Liability and Professional Liability coverage's showing you as an additional insured? Yes No

If yes, what limits?

How long do you keep your customers information/documentation on file? _____
Years

Print Name and Title

Signature of Applicant or Authorized Representative

DATE: | D | D | M | M | Y | Y |