

# MULTIMEDIA LIABILITY COVERAGE

## Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

**NOTE: All questions must be answered. All requested attachments must accompany application.**

### I. GENERAL INFORMATION –

1. First Named Insured (including DBAs):

**NOTE: First Named Insured is responsible for premium payment, cancellation and changes – refer to specimen policy.**

Street Address:

City, State, Zip Code:

Telephone Number:

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?  Yes  No If yes, please provide a list of entities for which coverage is desired.

All remaining questions on this application apply to all of the persons and entities described in Questions 1. and 2. above, collectively referred to as "Applicant".

3. A. Date applicant was established: \_\_\_\_\_

B. Geographic area in which applicant operates:  Local  Regional (multi-state)  National  International

4. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 2.?  Yes  No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 2.?  Yes  No

If 4.A. or 4.B. are answered yes, provide complete details:

5. Within the past five years has applicant:

A. Changed name?  Yes  No

B. Changed ownership structure?  Yes  No

C. Purchased or acquired another entity?  Yes  No

D. Merged or consolidated with another entity?  Yes  No

6. Does applicant belong to any professional associations or trade groups?  Yes  No

If yes, please advise to which professional associations or trade groups the applicant belongs:

7. Describe media activities to be insured: (Attach company brochures, advertising materials or any applicable website addresses, etc. that describe the activities to be insured.)

### II. MEDIA ACTIVITIES (COMPLETE APPLICABLE SECTIONS ONLY) –

#### 8. ADVERTISING:

Coverage for advertising by you or performed by others on your behalf.

A. List advertising agency(ies) used:

B. Please check the appropriate box for each of the following:

1) Does applicant operate an in-house advertising agency?  Yes  No

2) Does applicant engage in comparative advertising?  Yes  No

3) Are written hold harmless or indemnity agreements required from advertising agencies?  Yes  No

4) Are advertising agencies and the media required to provide evidence of insurance as respects such hold harmless or indemnity agreements?  Yes  No

5) If employees make creative contributions to advertising, are written releases obtained from them?  Yes  No

6) Has applicant been cited by any regulatory agency for violations arising out of its advertising activities?  Yes  No

If yes, please explain:

C. Provide the approximate percentage of advertising expenditures in the following media:

Radio	_____%	Magazines	_____%
Television	_____%	Catalog/mail order	_____%
Newspapers	_____%	Internet	_____%
Other	_____%		

(specify)

D. Annual revenue from all business activities: \$\_\_\_\_\_

E. Annual advertising expenditures: \$\_\_\_\_\_

**9. ADVERTISING AGENCY:**

A. List major clients and description of their business:

B. Do any of applicant's clients produce or manufacture:  Tobacco  Firearms  Alcoholic beverages  Pharmaceuticals

C. Provide the approximate percentage of gross revenues estimated for the coming year for the following activities:

Public relations	_____%	Mail order or catalog sales	_____%
Printing	_____%	Broadcasting	_____%
Production of films, radio or television programs	_____%	Package/display/product design	_____%
Production of commercials	_____%	Music service	_____%
Promotions/sweepstakes	_____%	Market research	_____%
Web site design	_____%	Media buying	_____%
Other:		TOTAL	100%

Please provide details:

D. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?  Yes  No  
If yes, please explain:

E. Is applicant a "full service" advertising agency?  Yes  No  
If no, state area of specialization: \_\_\_\_\_

F. Does applicant obtain written releases with respect to creative material or talent from the following:

Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Models?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free-lance photographers, writers, composers, artists, musicians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-professional persons appearing in commercials or advertisements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Does applicant's contract always provide for client approval?  Yes  No  
Attach a specimen copy of client contracts.

H. Does applicant develop product names?  Yes  No

I. Does applicant develop package design?  Yes  No

J. Does applicant develop display design?  Yes  No

K. Does applicant perform trademark searches?  Yes  No  
If yes, describe procedures:

L. Number of trademarks developed per year: \_\_\_\_\_

M. Performs market research?  Yes  No

N. Engages in product testing?  Yes  No

O. Develops new products for clients?  Yes  No

P. Provides printing services or assumes liability for printing?  Yes  No

Q. Develops promotions, sweepstakes, contests or games for clients?  Yes  No  
If yes, provide complete details:

R. Gross capitalized billings\* and/or fees: Current Fiscal Year: \$\_\_\_\_\_ Estimated Next Fiscal Year: \$\_\_\_\_\_

**"GROSS CAPITALIZED BILLINGS" means all agency fees and all of the pass through costs that an agency collects from clients and in turn uses to buy media time, pay models, producers and any other actual costs that are incurred in making the work. In summary, Gross Capitalized Billings are the total amount of income that an agency brings in even though the agency turns around and passes most of it through to other vendors.**

**10. AUTHORS OF BOOKS – BOOK, PLAY, JOURNAL OR ARTICLE:**

- A. Title of work to be insured: \_\_\_\_\_
- B. Synopsis of publication: \_\_\_\_\_
- C. Scheduled or original date of publication: \_\_\_\_\_
- D. Type of work: (check appropriate box)
- |   |  |
|---|--|
| <input type="checkbox"/> Fiction/Drama                  | <input type="checkbox"/> Poetry                      |
| <input type="checkbox"/> Current Autobiography          | <input type="checkbox"/> Historical/Biographical     |
| <input type="checkbox"/> Technical                      | <input type="checkbox"/> Religious                   |
| <input type="checkbox"/> Investigative Reporting/Exposé | <input type="checkbox"/> Social/Political Commentary |
| <input type="checkbox"/> How-to-do-it                   | <input type="checkbox"/> Other (specify) - _____     |
- E. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so):  
 Hardback: \_\_\_\_\_ Paperback: \_\_\_\_\_
- F. Advance paid by publisher: \$\_\_\_\_\_
- G. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented?  Yes  No If no, please explain in detail: \_\_\_\_\_
- H. Have written releases been obtained from persons or organizations:
- 1) Appearing in photographs or artistic representations?  Yes  No
  - 2) Contributing material to the work?  Yes  No
  - 3) Quoted or paraphrased?  Yes  No
- If no, explain in detail: \_\_\_\_\_
- I. Name, address and telephone number of publisher: \_\_\_\_\_
- J. Will "work" be self-published?  Yes  No  
 If yes, how will work be distributed? \_\_\_\_\_
- K. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: \_\_\_\_\_  
 Years of experience in media law: \_\_\_\_\_
- L. 1) Will the work be serialized or published in a condensed version during the proposed policy term?  Yes  No  
 If yes, specify publication(s) and attach a copy of contract(s) with the publisher(s): \_\_\_\_\_
- 2) Estimated revenues: \$\_\_\_\_\_
- 3) Will a revised edition of the work be published or distributed during the proposed policy term?  Yes  No  
 If yes, complete Question M. Attach copy of the revised work and a brief outline of revisions from the original work.
- 4) Describe any related materials or activities contemplated in conjunction with the work (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.): \_\_\_\_\_
- M. Number of copies to be printed/distributed in: Hardback: \_\_\_\_\_ Paperback: \_\_\_\_\_

**11. BOOK PUBLISHING:**

- A. Types of books published: (please provide approximate percentage for each of the following categories)
- |   |                            |  |
|---|----------------------------|--|
| _____% Textbooks                        | _____% "Managed textbooks" | _____% Children's                      |
| _____% How-to-do-it                     | _____% Technical           | _____% History, biography              |
| _____% Current biography, autobiography | _____% Religious           | _____% Investigative reporting, exposé |
| _____% Social, political commentary     | _____% Classics            | _____% Celebrity                       |
| _____% Fiction                          | _____% Poetry              | _____% Other (specify) _____           |
|   |                            | <u>100%</u> TOTAL                      |
- B. For current fiscal year, specify number of: \_\_\_\_\_ Original titles \_\_\_\_\_ Reprints

**12. BROADCASTING:**

- |   |                                       |
|---|---------------------------------------|
| Call Letters: _____                             | AM/FM/TV: _____                       |
| Location (City & State): _____                  | Percentage Simulcast: _____           |
| First Air Date: _____                           | First Air Date: _____                 |
| Radio Highest 60-Second Advertising Rate: _____ | TV Highest Hourly Program Rate: _____ |
| Format: _____                                   | Network Affiliation: _____            |

**13. CABLE TV OPERATORS:**

- A. Name of Cable System: \_\_\_\_\_  
 Location (City & State): \_\_\_\_\_  
 Number of Subscribers: \_\_\_\_\_
- B. Market classification: \_\_\_\_\_
- C. Does system originate any programming?  Yes  No      If yes, please provide the following information:  
 Type: \_\_\_\_\_  
 Number of hours per week: \_\_\_\_\_  
 Gross receipts derived from syndication: \_\_\_\_\_

**14. CYBERLIABILITY – WEBSITE AND OTHER INTERNET ACTIVITIES:**

- A. Provide a schedule of all website addresses for which coverage is desired (hereinafter “your websites”):
- B. What are the gross revenues and percentage of activity derived from the operation of your website(s) and/or other cyber activities?

WEBSITE/CYBER ACTIVITY		REVENUE (and/or Budget for non-profits) Current Fiscal Year	REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year
Website Owners (content only, no services)	_____ %	\$ _____	\$ _____
Website Owners (content & services)	_____ %	\$ _____	\$ _____
Describe services:			
Web Hosting	_____ %	\$ _____	\$ _____
Co-location Services	_____ %	\$ _____	\$ _____
E-commerce	_____ %	\$ _____	\$ _____
Auction Sites	_____ %	\$ _____	\$ _____
Website Developers	_____ %	\$ _____	\$ _____
Search Engine	_____ %	\$ _____	\$ _____
Other (describe below)	_____ %	\$ _____	\$ _____
<b>TOTAL CYBER REVENUE:</b>		\$ _____	\$ _____

**WEBSITE CONTENT, FEATURES AND INTERACTIVE COMPONENTS**

- C. Do any of your websites contain any of the following:
 

Adult-oriented content	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Streaming music or video	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical records or information pertaining to specific individuals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical or legal advice or services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial transactions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dating services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- D. Describe the primary purpose(s) of each of your websites:
- E. Advise percentage of the following:
 

Original content created by applicant:	_____ %
Original content created by third parties for applicant:	_____ %
Content furnished by third parties to applicant via a licensing agreement or similar contractual agreement:	_____ %
Previously published, released or archived content that is republished by the applicant and/or retrievable through the website(s):	_____ %
- F. Do your website(s) provide links to other websites not owned by the applicant?  Yes  No  
 If yes, does applicant obtain permission to link to those sites?  Yes  No
- G. Do any of your websites “deep link” to other websites not owned by the applicant?  Yes  No
- H. Do any of your websites “frame” other websites not owned by the applicant?  Yes  No
- I. Do you provide any professional services to customers via any of your websites?  Yes  No  
 If yes, identify the services provided and the safeguards utilized to prevent errors or omissions.

**PRIVACY- INFORMATION GATHERING AND SHARING**

- J. Do you collect personally identifiable material regarding visitors to your websites?  Yes  No  
If yes, do you sell or otherwise distribute this material to third parties?  Yes  No
- K. Do all of your websites contain a privacy policy?  Yes  No  
If no, please elaborate:
- L. Does your privacy policy contain information, which enables visitors to understand the website's practices concerning (check all that apply):
  - collection of user-specific information from site visitors
  - if user-specific information is shared, sold or given to third parties
  - obtaining permission from users regarding the collection and sharing of user-specific information
  - details on the type of information collected
  - details on how the information will be used
  - opt-in or opt-out feature – specify which:

**SECURITY**

- M. Describe the security measures used to prevent unauthorized access to:
  - 1) your websites:
  - 2) your premises and facilities:
  - 3) your computer systems/servers in custody of others:
  - 4) your computer systems/services located on your premises:
- N. Describe the security measures used to protect the confidentiality and integrity of data:
- O. Advise the technology you use for:
  - 1) Encryption -
  - 2) Authentication -
  - 3) Anti-virus -
- P. Are security audits performed?  Yes  No  
If so, please advise:
  - 1) who performs the audits?
  - 2) how frequently are audits performed?
  - 3) what actions are taken to correct unfavorable results?
- Q. Do you have a formal documented security policy?  Yes  No  
If so, do you document the fact that all of your employees have read and understand the policy?  Yes  No  
Please attach a copy of your security policy.
- R. In the last two (2) years, have you experienced any security breaches to your websites, your computer systems or your premises?  Yes  No  
If yes, please identify the corrective steps taken:

**RISK MANAGEMENT**

- S. Do you utilize in-house or outside counsel to review website content prior to posting?  Yes  No  
If yes, please identify such counsel:  
What, if any, additional safeguards do you use to avoid claims arising out of online content including defamation, invasion of privacy, intellectual property infringement (copyright and trademark) and errors & omissions?
- T. What steps are taken to ensure that the domain names of your websites do not infringe upon the intellectual property rights of others?
- U. Do your websites comply with the Children’s Online Privacy Protection Act (COPPA)?  Yes  No
- V. Describe your “take-down” policy for complaints received concerning defamation, copyright or trademark infringement or other disputes.
- W. Do you pay fees to licensing organizations such as ASCAP, SESAC, BMI or other organizations with respect to music and/or other content on your websites?  Yes  No

- X. With respect to matter furnished by third parties to the applicant, does applicant:
- 1) obtain rights to use such matter via a license agreement or other contractual agreement?  Yes  No
  - 2) require an indemnification from third parties regarding claims arising from the matter they supply?  Yes  No
  - 3) require that the indemnification be backed by an insurance policy?  Yes  No

**15. FILM & PROGRAM PRODUCTION:**

A. Describe types of productions to be insured or title(s) of productions to be insured:

Based on:  Book  Screenplay  Original material  Other (specify)

B. Anticipated air date: \_\_\_\_\_

C. Form of production:

(check appropriate description)

- Motion picture for theatrical release
- Motion picture for television/cable TV release
- Motion picture "straight to video" release
- Television pilot or special
- Television musical/variety/comedy
- Television drama
- Television series – Number of episodes: \_\_\_\_\_
- Television "mini-series"
- Radio program – Number of programs each week: \_\_\_\_\_ Number of weeks: \_\_\_\_\_
- Theatrical stage presentation
- DICE (describe)
- Other (describe)

D. Source of production:

- Entirely fictional
- Based on actual facts or events
- Combination of fact and fiction
- Based on another work – If so, please specify: \_\_\_\_\_
- Other (fully describe)

E. Program or running time of production: \_\_\_\_\_

F. Intended territory or distribution of production: \_\_\_\_\_

G. Have all licenses and consents been obtained

- 1) From copyright owners?  Yes  No
- 2) From "music owners"?  Yes  No
- 3) From performers or persons appearing in the film?  Yes  No
- 4) From writers and/or others?  Yes  No

H. Have musical rights been obtained:

- 1) Recording and synchronization rights?  Yes  No
- 2) Performing rights?  Yes  No

I. Will there be any merchandising related to the production?  Yes  No

If yes, and coverage is desired for this activity, please submit the following for review:

- 1) Anticipated gross annual revenues from merchandising:
- 2) Copies of contracts or license agreements with any distributors, suppliers, etc.
- 3) Brief description of the merchandising activities:

J. Has a title report (title search and opinion) been obtained on each of the productions listed in Question 15.A. above?

Yes  No

If yes, please submit a copy of each title report for the Company's review.

**Please note that claims arising from the title of any scheduled production are not covered unless a title report is submitted to and approved by the Company and coverage is endorsed to the policy.**

**16. MAGAZINE PUBLISHING:**

- |                |                                    |                            |                                 |                                       |
|----------------|------------------------------------|----------------------------|---------------------------------|---------------------------------------|
|                | <u>Date First Published</u>        | <u>Average Circulation</u> | <u>Frequency of Circulation</u> | <u>If 2 or more, % of duplication</u> |
| A. <u>Name</u> | <u>Location (City &amp; State)</u> |                            |                                 |                                       |
- B. Check primary circulation area:  
 International    National    Rural    Suburban    Metro    Regional    Campus    Controlled Circulation  
 Other – specify:

**17. NEWSPAPER PUBLISHING:**

- |                |                                    |                            |                                 |                                       |
|----------------|------------------------------------|----------------------------|---------------------------------|---------------------------------------|
|                | <u>Date First Published</u>        | <u>Average Circulation</u> | <u>Frequency of Circulation</u> | <u>If 2 or more, % of duplication</u> |
| A. <u>Name</u> | <u>Location (City &amp; State)</u> |                            |                                 |                                       |
- B. Check primary circulation area:  
 International    National    Rural    Suburban    Metro    Regional    Campus    Controlled Circulation  
 Other – specify:

**18. PUBLIC APPEARANCE:**

Complete applicable sections only:

**A. PUBLIC SPEAKING, SPEECHES, PRESS CONFERENCES, MEDIA INTERVIEWS, PANEL DISCUSSIONS, SEMINARS**

- 1) Number of appearances per year:
- 2) Type of content:
- 3) Format or description of participation:

**B. PERSONAL APPEARANCES ON RADIO, TELEVISION, CABLE TELEVISION OR THE INTERNET**

- 1) Number of appearances per year:
- 2) Type of content:
- 3) Format or description of participation:

**C. CONTRIBUTING TO ARTICLES, BOOKS OR OTHER PUBLICATIONS AS A GUEST OR FREE-LANCE WRITER, SUBJECT OR NAMED SOURCE**

- 1) Number of articles published per year as:  
 Editor: \_\_\_\_\_ Contributing editor/author: \_\_\_\_\_ Guest writer: \_\_\_\_\_ Free-lance writer: \_\_\_\_\_
- 2) What is applicant's general subject matter?

**D. ADVERTISEMENTS IN ANY MEDIUM IN WHICH APPLICANT APPEARS AS AN ACTOR, ANNOUNCER, SPOKESPERSON OR ENDORSER OF ANY PRODUCT OR SERVICE**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) List clients:

**E. OTHER**

Describe:

	Revenue –	Revenue –
	Current Fiscal Year	Next Fiscal Year
F. 1) Public speaking, speeches, press conferences, media interviews, panel discussions, seminars	\$ _____	\$ _____
2) Appearances on radio, television, cable television or the Internet	\$ _____	\$ _____
3) Contributing to articles, books or other publications as a guest or free-lance writer, subject or named source	\$ _____	\$ _____
4) Appearances in advertisements through any medium as actor, announcer, spokesperson or endorser	\$ _____	\$ _____
5) Other (specify)	\$ _____	\$ _____

**19. MISCELLANEOUS**

- A. Describe all other media for which coverage is sought:
- B. Are commercial printing services performed for others?  Yes  No  
 If yes, describe types of material printed:

### III. EDITORIAL AND OPERATING PROCEDURES –

#### 20. PUBLISHING:

Yes No

- A. Are editors familiar with current libel law?  Yes  No
- B. Are letters-to-the-editor edited?  Yes  No
- C. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies?  Yes  No
- D. Does applicant engage in “investigative” reporting or exposés?  Yes  No  
If yes, describe methods for documenting sources of information:
- E. Are written releases obtained from persons appearing in photographs or from photo agencies?  Yes  No
- F. Do free-lance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources?  Yes  No  
If yes, please attach copy of warranty.
- G. Is a disclaimer issued with respect to technical information or advice?  Yes  No
- H. Have the titles of all publications been cleared?  Yes  No
- I. Are unsolicited ideas, books, screenplays, articles or photographs accepted?  Yes  No  
If yes, please describe procedures for processing:
- J. Does applicant maintain written retraction or complaint procedure guidelines?  Yes  No

#### 21. BROADCASTING:

- A. Are news teams familiar with current libel law?  Yes  No
- B. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials?  Yes  No
- C. Do the news teams engage in “investigative reporting”?  Yes  No  
If yes, provide description of methods for documenting sources of information.
- D. Are “action reporter” or similar consumer programs broadcast, telecast or produced?  Yes  No  
If yes, provide a description of such programming and procedures utilized to verify accuracy of information.
- E. Do reporters participate in ride alongs with law enforcement, medical emergency services, or private investigators?  Yes  No  
If yes, please provide description of activities and procedures.
- F. Are talk shows and interview programs pre-taped or prerecorded?  Yes  No
- G. Is a delay device used during “call-in”, “hot-line” or other live audience participation programming over radio stations?  Yes  No
- H. Do television news teams use “mini-cams” or hidden cameras?  Yes  No
- I. Does any station produce programming used by stations which applicant does not own or operate?  Yes  No  
If yes, provide details of programming provided to others:
- J. Are independent producers required to provide applicant with written hold harmless or indemnity agreements with respect to the programming they offer?  Yes  No  
If yes, please attach a copy of agreement.
- K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or Indemnity agreements?  Yes  No
- L. Does applicant pay licensing fees to ASCAP, SESAC, BMI or other music licensing society?  Yes  No

#### 22. A. Please indicate what percentage of applicant’s content is:

- 1) Original content created by applicant: \_\_\_\_\_%
- 2) Original content created by others (non-employees) for applicant: \_\_\_\_\_%
- 3) Previously published, released or archived content to be republished, re-released or archived by applicant: \_\_\_\_\_%

- B. With regard to content referenced in 22.A.2) above, does applicant acquire from the author/content provider a written assignment of rights in the matter?  Yes  No

Please provide a copy of applicant's standard contract used to accomplish the assignment of such rights to applicant.

- C. With regard to content referenced in 22.A.3) above, do content providers agree, in writing, to hold applicant harmless for claims that might arise involving the ownership of rights in the content?  Yes  No

If yes, please provide a copy of a representative example of such an agreement applicant has received from such a content provider.

**IV. LEGAL PROCEDURES –**

23. A. Provide description of standard procedures for checking accuracy and originality of content:  
 B. Provide description of procedures for processing unsolicited ideas, books, screenplays, articles, photographs, etc.:  
 C. Does applicant have an in-house legal department?  Yes  No  
 If yes, name of General Counsel:  
 D. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:  
 Years of experience in media law: \_\_\_\_\_  
 E. Approximate percentage of all media for which applicant is indemnified by another party: \_\_\_\_\_%  
 F. Does applicant require indemnitor to carry similar media or Errors and Omissions insurance?  Yes  No

**V. CLAIM EXPERIENCE –**

24. A. Have any claims, suits or proceedings been made during the past five years against the applicant or any of the applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees?  Yes  No  
 If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.  
 B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 24.A. above?  Yes  No  
 If yes, please explain and provide details:

**VI. FINANCIAL INFORMATION –**

	<b>REVENUE (and/or Budget for non-profits) Current Fiscal Year</b>	<b>REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year</b>
Advertising Agency	\$ _____	\$ _____
Authors of Books	\$ _____	\$ _____
Broadcasting	\$ _____	\$ _____
Cable TV Operators	\$ _____	\$ _____
Commercial Printing for Others	\$ _____	\$ _____
Cyberliability – Websites and Internet	\$ _____	\$ _____
Film and Program Production	\$ _____	\$ _____
Magazine Publishing	\$ _____	\$ _____
Newspaper Publishing	\$ _____	\$ _____
Public Appearance	\$ _____	\$ _____
Other -	\$ _____	\$ _____
<b>Total Media Revenue (Budget)</b>	\$ _____	\$ _____
26. Domestic and Foreign Revenue (and/or budget for non-profits)		
United States	\$ _____	
Canada	\$ _____	
Other (specify)	\$ _____	
<b>TOTAL</b>	\$ _____	

**VII. OTHER INSURANCE –**

27. A. During the past three years, has any similar insurance been issued to applicant?  Yes  No

If yes, complete the following:

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.)  Yes  No If yes, give details:

C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations?  Yes  No

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**VIII. PROPOSAL REQUIREMENTS –**

28. Policy limit required: \$ \_\_\_\_\_

Self-Insured Retention: \$ \_\_\_\_\_

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**IX. REPRESENTATIONS –**

**By signing this application, the applicant agrees that:**

1. The statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
2. The statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. The applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

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**WARNING**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.**

Name \_\_\_\_\_  
(please type or print)

Name \_\_\_\_\_  
(signature of Authorized Representative)

Title \_\_\_\_\_

Date \_\_\_\_\_

**To complete this application, please submit:**

- Company brochures or advertising materials, etc.
- Brochure or list of current book titles, films, programming, etc.
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.
- Copies of current periodical publications, brochures, newspapers, etc.
- Experience résumés if in business less than three years
- Standard client contract



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**NOTICE TO ARKANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:**

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:**

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:**

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO PENNSYLVANIA APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.