

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.

1. Name of Proposed Insured (as it should be stated on the policy if issued):

2. List other subsidiaries, affiliates and trade names to be included for insurance:

3. Principal Street Address ▪ City ▪ State ▪ ZIP Code

4. Date Founded: 5. Estimated assets: 6. Form of Business Corporation Partnership
\$ Joint Venture Individual

7. Media activities (attach supplement if space is insufficient):

8. Book Publishing

A. Provide brief description of standard procedure for checking accuracy of content.

_____ % Textbooks	_____ % "Managed" Textbooks	_____ % Children's
_____ % How-to-do-it	_____ % Technical	_____ % History, Biography
_____ % Current Biography, Autobiography	_____ % Religious	_____ % Investigative reporting, expose
_____ % Social, Political Commentary	_____ % Classics	_____ % Celebrity
_____ % Fiction	_____ % Poetry	_____ % Other (describe)

9. Newspaper Publishing

A. Please supply the following information:

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of Duplication

B. Check primary circulation area: International National Rural Suburban Metro
 Regional Campus Controlled Circulation Other

10. Magazine Publishing

A. Please supply the following information:

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of Duplication

B. Check primary circulation area: International National Rural Suburban Metro
 Regional Campus Controlled Circulation Other

11. Broadcasting & Telecasting

A. Please supply the following information:

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

12. Cablecasting

A. Please supply the following information:

Name of 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

13. Program & Film Production

A. Describe types of productions and any related merchandising.

B. 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.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

C. Has a title report (title search and opinion) been obtained on each of the productions listed in question F.1. above?

YES NO

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.

14. Miscellaneous

A. Other published materials (i.e., charts, graphs, maps audio-visual aids, greeting cards, posters, brochures, etc.):

Type	Gross sales or annual budget

B. Printing for third parties:

Type	Gross receipt

15. Financial Information

A. Gross annual sales derived from each of the following. (Please provide annual budget if non-profit)

Book publishing	\$ _____
Newspaper publishing	\$ _____
Magazine publishing	\$ _____
Miscellaneous	\$ _____
Broadcasting and telecasting	\$ _____
Cablecasting	\$ _____
Program & film production	\$ _____
 Total	 \$ _____

B. Gross annual sales (or budgets) for media activities:

United States	\$ _____
Canada	\$ _____
United Kingdom	\$ _____
Australia	\$ _____
Other Countries (specify)	\$ _____
 Total	 \$ _____

16. Legal procedures

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. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:	Years of experience in media law:
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D. Approximate percentage of all media for which the applicant is indemnified by another party _____ %

E. Does applicant require indemnitor to carry similar media or errors and omissions insurance? YES NO

F. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years arising out of obtaining, gathering, reporting or disseminating matter published, printed, distributed or advertised? YES NO

If yes, provide complete details; include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

17. Other Insurance

A. During the past three years, has any similar insurance been issued to the applicant? YES NO

If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium

B. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant? YES NO
(Not applicable in Missouri)

If yes, give details. Add attachment if needed.

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

If yes, give details. Add attachment if needed.

18. Proposal Requirements

A. Policy Limit Required:	Deductible
B. Is coverage required for authors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Is coverage required for errors and omissions?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name _____
(Please type or print)

Name _____
(Signature of authorized representative)

Title _____

Date _____

To Complete your application, you must submit:

- Copies of standard contracts with producers, publishers, associations, agents, advertising agencies, etc.
- Copies of standard contracts with clients, distributors, employees, etc.
- Copies of any other indemnification agreements and disclaimer forms presently used
- Experience resume for the principals of the proposed insured
- Current financial statement or annual report
- Current list or brochure describing activities or services

▪ Agent or Broker	▪ Telephone		
▪ Principal Street Address	▪ City	▪ State	▪ ZIP Code