

# ADVERTISING AGENCY 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. 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: \_\_\_\_\_

Web Site Address(es): \_\_\_\_\_

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which services are rendered and coverage is desired?  Yes  No  
 If yes, please list the entities for which coverage is desired. \_\_\_\_\_

**NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.**

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 operations with another entity?  Yes  No  
 If any of 5.A. – 5.D. are answered yes, please attach a summary of relevant transactions.

6. Is applicant affiliated with any company, partnership, etc. for which services are rendered?  Yes  No  
 If yes, please specify: \_\_\_\_\_

7. A. List major clients and description of their business: \_\_\_\_\_  
 B. Do any of applicant's clients produce or manufacture:  Tobacco  Firearms  Alcoholic beverages  Pharmaceuticals

8. Is applicant a current member of the American Association of Advertising Agencies?  Yes  No  
 If yes, date of membership: \_\_\_\_\_

### FINANCIAL INFORMATION

9. A. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, including those entities or operations **not** to be covered by the proposed policy:

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories) Gross revenues, sales, billings, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations Gross revenues, sales, billings, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, including all Advertising Agency entities or operations to be covered by the proposed policy:

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross capitalized billings* and/or fees	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross capitalized billings* and/or fees	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____

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

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

Please provide details: \_\_\_\_\_

11. Estimated assets of all of applicant's operations: \$ \_\_\_\_\_

Attach a copy of the latest complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

12. 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: \_\_\_\_\_

### ADVERTISING PROCEDURES

13. A. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?  Yes  No

If yes, please explain: \_\_\_\_\_

B. Is applicant a "full service" advertising agency?  Yes  No

If no, state area of specialization: \_\_\_\_\_

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

Employees?  Yes  No

Models?  Yes  No

Free-lance photographers, writers, composers, artists, musicians?  Yes  No

Non-professional persons appearing in commercials or advertisements?  Yes  No

D. Does applicant's contract always provide for client approval?  Yes  No

Attach a specimen copy of client contracts.

E. Does applicant desire coverage for infringement of trademark?  Yes  No

If yes, please advise the following:

1) Does applicant develop product names?  Yes  No

2) Does applicant develop package design?  Yes  No

3) Does applicant develop display design?  Yes  No

4) Does applicant perform trademark searches?  Yes  No

If yes, describe procedures: \_\_\_\_\_

5) Number of trademarks developed per year: \_\_\_\_\_

F. Does applicant desire optional Errors and Omissions coverage?  Yes  No

If yes, please advise if applicant:

1) Performs market research?  Yes  No

2) Engages in product testing?  Yes  No

3) Develops new products for clients?  Yes  No

4) Provides printing services or assumes liability for printing?  Yes  No

5) Develops promotions, sweepstakes, contests or games for clients?  Yes  No

If yes, provide complete details: \_\_\_\_\_

G. Is applicant engaged in any business other than as an advertising agency or public relations firm?  Yes  No

If yes, please describe: \_\_\_\_\_

Please provide any other information relating to these activities: \_\_\_\_\_

14. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter disseminated or exhibited in advertising of any kind or in advertising services (advertising services include those services rendered or which should have been rendered by applicant in the development, placement or exhibition of advertising or promotional material) or arising from Internet activities?  Yes  No

If yes, provide complete details by attachment. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

15. 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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16. 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:

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

18. Self-insured retention: \$ \_\_\_\_\_

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

**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 IN NEW YORK 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.**

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

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

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

Title \_\_\_\_\_

Date \_\_\_\_\_

To complete this application, please submit:

- Copies of standard contracts with advertisers, clients, etc.
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Advertising materials about applicant's operations
- Experience résumé of key personnel if in business less than three years
- Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence



**Media/Professional Insurance**

A division of Financial & Professional Risk Solutions, Inc.  
Two Pershing Square, Suite 800, 2300 Main Street  
Kansas City, Missouri 64108-2404  
(816) 471-6118 Facsimile: (816) 471-6119  
[www.mediaprof.com](http://www.mediaprof.com)  
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## **ATTACHMENT TO ADVERTISING AGENCY LIABILITY COVERAGE APPLICATION – LS C-1785 (11-06)**

### **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 AND VIRGINIA 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.