

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 your 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. Telephone: _____

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5. Corporation Partnership Individual Joint Venture

6. Date Founded: _____

7. Estimated Assets: \$ _____

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

A. Book Publishing

Type 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 (describe) _____

B. Newspaper Publishing

1. _____ Name	_____ Location (City & State)	_____ Date First Published	_____ Average Circulation	_____ Frequency of Circulation	_____ If 2 or more, % of Duplication
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2. Check primary circulation area:

International	National	Rural	Suburban	Metro	Regional	Campus	Controlled Circulation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Magazine Publishing

1. _____ Name	_____ Location (City & State)	_____ Date First Published	_____ Average Circulation	_____ Frequency of Circulation	_____ If 2 or more, % of Duplication
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2. Check primary circulation area:

International	National	Rural	Suburban	Metro	Regional	Campus	Controlled Circulation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Broadcasting and telecasting

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

<u>Name of System</u>	<u>Location (City & State)</u>	<u>Number of subscribers</u>
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1. Market classification _____

2. Does system originate any programming? Yes No If yes, please provide the following information:

<u>Type</u>	<u>Number of hours per week</u>	<u>Gross receipts derived from syndication</u>
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F. Program & film production

1. Describe types of productions and any related merchandising.

2. 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.

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

G. Miscellaneous

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

<u>Type</u>	<u>Gross sales or annual budget</u>
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2. Printing for third parties:

<u>Type</u>	<u>Gross receipts</u>
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9. Financial information

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

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

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

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

10. 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: _____

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

11. 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 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 published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited 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.

12. 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
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B. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant? (Not applicable in Missouri.)

Yes No If yes, give details.

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

13. Proposal requirements

A. Policy limit required:
\$ _____

Self-insured retention:
\$ _____

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

B. Is coverage required for authors? Yes No

C. Is coverage required for errors and omissions? Yes No

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 your application, please submit:

- Brochure or list of current book titles, films programming, etc.
- Current financial statement or annual report
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.

- Copies of current periodical publications, brochures, newspapers, etc.
- Experience resumes if in business less than five years



Media/Professional Insurance

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