PERSONAL APPEARANCE AND CELEBRITY 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:

( )

5. ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual

6. Describe the nature of your business and the types of services you render:

7. **Public Speaking Engagements, Speeches, Panel Discussions, Seminars**

   A. Number of appearances per year: _____

   B. Gross annual revenues derived from these appearances: $ _____

   C. Type of content: _____

   D. Format or description of participation: _____

8. **Personal Appearances on Radio, Television or Cable Television Programs**

   A. Number of appearances per year: _____

   B. Gross annual revenues derived from these appearances: $ _____

   C. Type of content: _____

   D. Format or description of participation: _____

9. **Assignments as Editor, Contributing Editor, Guest or Free-Lance Writer, or Publications Consultant**

   A. Number of articles published per year as: Editor _____ Contributing Editor/Author _____ Guest Writer _____ Free-Lance Writer _____

   B. For which publications do you serve as a public consultant? _____

   C. What is your general subject matter? _____

   D. Gross annual revenues derived from these activities: $ _____

10. **Advertisements in any Medium in Which the Applicant Appears as an Actor, Announcer or Endorser of any Product or Service**

    A. Number of appearances per year: _____

    B. Gross annual revenues derived from these activities: $ _____

    C. List clients:

11. **Other Pertinent Information Relating to Applicant's Activities:**

    Remarks:

PLEASE COMPLETE REVERSE SIDE

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12. 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: _____

13. 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; 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 claim.

14. 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

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

☐ Yes ☐ No If Yes, give details. Add attachment if needed.

16. Policy limit required: $_____

17. 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 your application, please submit:

- Copies of standard contracts with producers, publishers, associations, agents, advertising agencies, etc.
- Experience resume for the above activities
- Current financial statement or annual report

Media/Professional Insurance

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We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

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