MAGAZINE PUBLISHER 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 coverage is desired?
☐ Yes ☐ No If yes, please attach a list of 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 with another entity? ☐ Yes ☐ No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

PUBLICATIONS

6. A. List all publications to be insured:
(Attach list for additional publications.)

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation

B. Check primary circulation area:

☐ International ☐ National ☐ Rural ☐ Suburban ☐ Metro ☐ Regional ☐ Campus ☐ Controlled circulation ☐ Other (specify) _____

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EDITORIAL PROCEDURES

7. A. 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: _____

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

8. List membership in industry groups or associations:

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**:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
U.S. Operations (including territories)			
Gross revenues, sales or fees (circle the applicable basis)	$_____	$_____	$_____
Non-U.S. Operations			
Gross revenues, sales or fees (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 Magazine Publisher entities or operations to be covered by the proposed policy**:

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

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10. 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.

11. 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 published or advertised in a magazine publication or arising from Internet activities?

☐ 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, status or final disposition of the claim.

12. During the past three years, has any similar insurance been issued to applicant?
☐ Yes ☐ No If yes, complete the following:

Company	Policy Number	Limits	Deductible	Coverage Dates	Premium

13. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)
☐ Yes ☐ No If yes, give details. Add attachment if needed.

14. Policy limit required:
$ _____

15. 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:
- One copy of each publication or a manuscript if publication is new
- Advertising materials about applicant's operations
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Completed, signed and dated Independent Contractors Supplement
- Experience resumés of publisher and editor if applicant has been in operation less than five years
- Completed signed and dated Media/Cyber 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

Agent or Broker:

Address, Zip Code:

Telephone:

Facsimile:

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