



# OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205  
800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

## Communicator's Advantage Policy<sup>®</sup> Insurance Application Broadcasters

All Questions Must Be Answered Completely - Attach Additional Sheet If Necessary  
All Attachments Must Be Included With This Application.

Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

### 1. Applicant Information — The entity to be identified as the **Named Insured**.

Named of **Applicant**: \_\_\_\_\_

Identify all entities to be insured by the policy, including trade names, and advise of relationship to **Applicant**

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Year Established \_\_\_\_\_ Web Site Address \_\_\_\_\_

Corporation     Partnership     Individual     Other \_\_\_\_\_

### 2. Scheduled Stations

Annual Gross Revenues from broadcasting activities:

United States: \$ \_\_\_\_\_ Canada: \$ \_\_\_\_\_ International: \$ \_\_\_\_\_

**Television stations: provide highest hourly advertising rate;  
for cable, indicate the number of subscribers:**

Station and Location	Years in Operation	Highest Hourly Advertising Rate	Number of Subscribers	Station Revenues

#### **Radio Stations:**

Call Letters and Location	Years in Operation	Highest Rate 60-Second Spot	% Simulcast	Format	Station Revenues

**Broadcast Programming** — Indicate percentage of programming that is:

Original Programming (excluding news)	%	Educational	%
Original Local News Programming	%	Cable Access	%
News Content Provided by a Wire Service	%	Controversial	%
Network Programming	%	Podcasting	%
Purchased or Leased Programming	%	Public Broadcasting	%
Provided by a syndicate or feature service	%	Reality Programming	%
Provided by independent contractors	%	Religious Content	%
Prerecorded		Sports	%

3. **Systems, Operations and Loss Prevention**

**A. Media Counsel**

Are in-house or local counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues?  Yes  No  
Is counsel on retainer?  Yes  No  
Does counsel conduct a prepublication review?  Yes  No  
Is counsel consulted regarding intellectual property issues?  Yes  No

Name of in-house counsel \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of local firm \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Firm contact \_\_\_\_\_

**B. Advertising Procedures and Operations**

Do any of the stations have in-house advertising departments?  Yes  No  
Does the **Applicant** create advertisements for third parties?  Yes  No  
If “**yes**,” do advertising agreements include hold harmless or limitation of liability clauses in favor of applicant?  Yes  No

**C. Loss Prevention**

Are delay devices utilized for live programming?  Yes  No  
Are license fees paid to music licensing societies/organizations?  Yes  No  
Do these licenses extend to the use of music on the Internet?  Yes  No  
Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights?  Yes  No  
Does the **Applicant** engage in any online activities other than a general web site?  Yes  No  
If “**yes**,” please advise \_\_\_\_\_  
Do employees develop or control website content?  Yes  No  
If yes, are they trained in respect to intellectual property rights, defamation, newsgathering and privacy rights?  Yes  No  
Do news reporters engage in investigative or undercover reporting?  Yes  No  
Do reporters participate in “ride alongs” with law enforcement or emergency Services personnel?  Yes  No  
Do news reporters use hidden cameras or microphones?  Yes  No  
Is there a procedure in place regarding the recycling of file footage, notes, tapes or electronic versions thereof?  Yes  No  
Is there a policy regarding the use of confidential sources?  Yes  No  
Is there a policy regarding correction and retraction requests?  Yes  No  
Are “shock jocks” or controversial personalities employed?  Yes  No

**4. Insurance and Claim Information**

Has the **Applicant** or any subsidiary been involved in a media liability lawsuit in the past five years?  Yes  No

If “yes,” attach complete details including the amount of monies spent for both defense and loss. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved. Also, provide details in an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

Does the **Applicant** know of any situation that could give rise to a claim?  Yes  No

If “yes,” please attach complete details and advise whether the claim has been reported.

How many subpoenas has the Applicant been served in the past three years regarding scheduled publications? \_\_\_\_\_

Was counsel retained to answer, object or otherwise respond to the subpoena?  Yes  No

**(In the State of Missouri, the following question does not apply.)**

Have any media liability insurers ever canceled or non-renewed coverage?  Yes  No

If “yes,” please advise \_\_\_\_\_

Has the **Applicant** had media liability insurance in the past three years?  Yes  No

If “yes,” please identify the following or attach declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
1.	_____				
2.	_____				
3.	_____				

**5. Attachments** — Please submit the following to complete your Application:

- Sample hold-harmless agreements used with advertisers and independent contractors;
- Current copy of each publication to be insured;
- Current financial statement or corporate annual report; and
- If current ownership is less than three years, include resumes of editor and publisher.

**Fraud Warning**

**Any person who knowingly and with intent to defraud any insurance company or another person files an application of 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 and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.**

**PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.**

The statements made in this Application for insurance and in any attachments are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Title \_\_\_\_\_  
 (Director, Partner or Principal)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If this is your Agency’s first submission to First Media:**

Name \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Agency \_\_\_\_\_ Agency Tax Payer I.D. \_\_\_\_\_  
 Address \_\_\_\_\_ City and State/Province \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_ E-Mail \_\_\_\_\_