



**BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

**NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE RENEWAL APPLICATION CAREFULLY BEFORE SIGNING.**

**RENEWAL APPLICATION INSTRUCTIONS:**

1. Whenever used in this Renewal Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
2. Complete only those sections that are applicable to the **Applicant**, and check the appropriate box.
3. For those **Applicants** *only* applying for Production Activities or Internet Activities coverage, please complete a separate renewal application form for each. *Do not complete this form.*
4. Attach a copy of the following:
  - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
  - Standard release forms;
  - Brochure or list of current book titles, programming, etc.;
  - Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.;
  - Copy of rate card for current broadcast stations; and
  - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.

**I. GENERAL APPLICANT INFORMATION:**

1. Name of **Applicant**: \_\_\_\_\_
2. Address of **Applicant**: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Web address: \_\_\_\_\_

**II. GENERAL POLICY INFORMATION:**

**POLICY INFORMATION:**

1. Please indicate below for which coverages the **Applicant** seeks renewal:
  - Media Activities;
  - Covered Subpoena (for NewsMedia Organizations only)
  - Production Activities (Please complete separate Renewal Application)
  - Internet Activities (Please complete separate Renewal Application)
2. Limits of Liability desired:
  - Each Claim or Related Claim: \$ \_\_\_\_\_
  - Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ \_\_\_\_\_
3. Retention Amount desired for each Claim or Related Claim:
  - \$5,000     \$10,000     \$25,000     \$50,000     Other: \$ \_\_\_\_\_



4. Retention Amount desired for each Covered Subpoena:  
 \$10,000     Other: \$\_\_\_\_\_
5. Co-insurance percentage desired for each Covered Subpoena, Claim or Related Claim:  
 20%         Other: \_\_\_\_\_%
6. Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.
7. Describe Media Activities to be insured:

8. Since the submission date of the last Application to the Company, have any of the following events occurred:
- |   |  |
|---|--|
| a. Changes to the <b>Applicant's</b> principals?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Changes to the <b>Applicant's</b> name?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Changes to the location of the <b>Applicant's</b> office(s)?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Expansion of operations to additional states or countries?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Formation of a new subsidiary organization?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Acquisition of, or merger with, any other firm or organization?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Purchase of the <b>Applicant</b> by any other firm or organization?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Undertaking new areas of business?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Branch, location, facility, office, or subsidiary closings, consolidations or layoffs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Reorganization or arrangement with creditors under federal or state law?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes to any part of Question 8, please describe the essential terms of each such transaction as an attachment. In addition, if applicable, please provide a summary description of due diligence performed in connection with potential liabilities and claims arising from any purchase, merger, consolidation or acquisition. The summary description should be provided on a separate sheet and attached to this Application.

9. Since the submission date of the last Application to the Company have there been any changes in: (i) the nature of **Applicant's** Media Activities to be insured, as described in the response to Question 7 above, or (ii) the size of the **Applicant's** revenue base?         Yes    No

If Yes, please attach an explanation. Changes in size of less than 25% need not be explained.

**COVERED MEDIA / OPERATIONS INFORMATION:**

(Only complete applicable section(s) and add attachments, if needed.)

**A. ADVERTISER LIABILITY COVERAGE:**

Please check:  Applicable    N/A   *If N/A proceed to next section.*

1. Since the submission date of the last Application to the Company has the **Applicant** changed, or does it contemplate during the next twelve (12) months, changing any of the following listed below:
- |   |  |
|---|--|
| a. <b>Applicant's</b> business and the types of products or services <b>Applicant</b> provides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. <b>Applicant's</b> advertising agency(ies) used?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, please explain:



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

\_\_\_\_\_ % Radio                      \_\_\_\_\_ % Magazines                      \_\_\_\_\_ % Billboards  
 \_\_\_\_\_ % Television                      \_\_\_\_\_ % Catalog/Mail orders                      \_\_\_\_\_ % Newspapers  
 \_\_\_\_\_ % Internet                      \_\_\_\_\_ % Flyers                      \_\_\_\_\_ % Other – specify: \_\_\_\_\_

**B. ADVERTISING AGENCY LIABILITY:**

Please check:  Applicable  N/A If N/A proceed to next section.

1. Since the submission date of the last Application to the Company has the nature of the **Applicant's** business changed, including any areas of specialization?  Yes  No

If Yes, please explain: \_\_\_\_\_

2. Since the submission date of the last Application to the Company has the **Applicant's** major client list changed?  Yes  No

If Yes, please list all additions and subtractions to **Applicant's** major client list and provide a description of each business:

\_\_\_\_\_

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

\_\_\_\_\_ % Public relations consultant                      \_\_\_\_\_ % Mail order catalog  
 \_\_\_\_\_ % Printing                      \_\_\_\_\_ % Broadcasting  
 \_\_\_\_\_ % Production of films, radio or television programs  
 \_\_\_\_\_ % Photo Service                      \_\_\_\_\_ % Package/display/product design  
 \_\_\_\_\_ % Promotions/sweepstakes development                      \_\_\_\_\_ % Music service  
 \_\_\_\_\_ % Web site design                      \_\_\_\_\_ % Market research  
 \_\_\_\_\_ % Web hosting                      \_\_\_\_\_ % Media buying  
 \_\_\_\_\_ % Publishing                      \_\_\_\_\_ % Direct marketing  
 \_\_\_\_\_ % Product testing                      \_\_\_\_\_ % Comparative advertising  
 \_\_\_\_\_ % Live Events                      \_\_\_\_\_ % Public Relations Consulting  
 \_\_\_\_\_ % Other – specify: \_\_\_\_\_

**C. BOOK PUBLISHING LIABILITY COVERAGE:**

Please check:  Applicable  N/A If N/A proceed to next section.

1. Since the submission date of the last Application to the Company have the types of books published changed?  Yes  No

If Yes, please provide approximate percentage for each of the following categories:

\_\_\_\_\_ % Textbooks                      \_\_\_\_\_ % Poetry  
 \_\_\_\_\_ % Children's                      \_\_\_\_\_ % How-to-do-it  
 \_\_\_\_\_ % Current, biography, autobiography                      \_\_\_\_\_ % Technical  
 \_\_\_\_\_ % History, biography                      \_\_\_\_\_ % Religious  
 \_\_\_\_\_ % Investigative reporting, exposé                      \_\_\_\_\_ % Social, political commentary  
 \_\_\_\_\_ % Classics                      \_\_\_\_\_ % Celebrity



\_\_\_\_\_ % Fiction

\_\_\_\_\_ % Other – specify: \_\_\_\_\_

100% **TOTAL**

2. For current fiscal year, specify number of:

Original titles: \_\_\_\_\_ Reprints: \_\_\_\_\_ Titles distributed for others: \_\_\_\_\_

**D. BROADCASTER LIABILITY COVERAGE:**

*Please check:*  Applicable  N/A *If N/A proceed to next section.*

**RADIO BROADCASTING:**

1. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of radio stations changed?  Yes  No

If Yes, please describe:

\_\_\_\_\_

**TELEVISION BROADCASTING:**

2. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of television stations changed?  Yes  No

If Yes, please describe:

\_\_\_\_\_

**CABLECASTING:**

3. Since the submission date of the last Application to the Company have there been any changes to the **Applicant's** cablecasting systems?  Yes  No

If Yes, please describe:

\_\_\_\_\_

**E. MAGAZINE & PERIODICAL PUBLISHER LIABILITY COVERAGE:**

*Please check:*  Applicable  N/A *If N/A proceed to next section.*

1. a. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of magazines & periodicals changed?  Yes  No

If Yes, please describe:

\_\_\_\_\_

b. Check primary circulation area:

International  National  Rural  Suburban  Metro  Regional  Campus

Controlled Circulation  Other – specify: \_\_\_\_\_

**F. NEWSPAPER PUBLISHING COVERAGE:**

*Please check:*  Applicable  N/A *If N/A proceed to next section.*

1. a. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of print publications changed?  Yes  No

If Yes, please describe:

\_\_\_\_\_

b. Check primary circulation area:

International  National  Regional  Metro  Suburban  Rural  Campus

Controlled Circulation  Shopper  Web Site  Other – specify: \_\_\_\_\_



**G. AUTHOR LIABILITY COVERAGE:**

*If applicable, please complete separate Media Liability Coverage for Authors Application.*

**H. DISTRIBUTOR LIABILITY COVERAGE:**

*If applicable, please complete separate Renewal Application.*

**I. MUSIC LIABILITY COVERAGE:**

*If applicable, please complete separate Renewal Application.*

**III. RISK MANAGEMENT PROCEDURES (FOR ALL APPLICANTS):**

1. a. Since the submission date of the last Application to the Company has **Applicant's** in-house legal counsel changed?  Yes  No

If Yes, please describe: \_\_\_\_\_

- b. Since the submission date of the last Application to the Company has **Applicant's** practice regarding the retention of outside counsel for advice regarding potential liabilities arising out of newsgathering or out of the publication, production, dissemination or broadcast of material or content, changed?  Yes  No

If Yes, please describe: \_\_\_\_\_

2. a. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding review and **editing** of articles, broadcasts, or other communications prior to publication, including the names of the individuals conducting the review and their experience, as well as the procedures/guidelines for referring to outside counsel, changed?  Yes  No

If Yes, please describe: \_\_\_\_\_

- b. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding **legal review** of articles, broadcasts, or other communications prior to publication, including the name of the outside counsel, years of experience, and how often outside counsel is used to conduct reviews, changed?  Yes  No

If Yes, please describe: \_\_\_\_\_

3. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding the processing of and response to requests for retraction or correction changed?  Yes  No

4. Please describe the **Applicant's** policy and practice regarding (1) the review of licenses allowing the use of a third party's intellectual property in order to assure compliance with limitations on the term, or other scope of usage under the license, or (2) potential differences of opinion between licensor and licensee regarding limitations regarding the scope of the license. For example: Are tickler files used to monitor term limitations? Who has responsibility in your organization to spot and resolve anticipated differences of opinion about limitations on use that involve the scope of the license?

\_\_\_\_\_



**IV. MISCELLANEOUS:** Please check:  Applicable  N/A If N/A proceed to next section.

1. Other published materials since the submission date of the **Applicant's** last Application to the Company: (i.e., charts, graphs, maps, audio-visual aids, greeting cards, brochures, etc.)

Type:

**V. FINANCIAL INFORMATION:**  
*All Applicants Must Complete This Section. Note: Financial Information for Distributor Liability and Music Liability Should be Completed Separately Under the Renewal Applications for Distributor Liability and Music Liability.*

1. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by **Applicant**, derived from the following media activities to be covered by the proposed policy:

Activity For Which Coverage Is Sought:	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
<b><u>1. Advertiser Liability:</u></b>	\$ _____	\$ _____
<b><u>2. Advertising Agency Liability:</u></b>	\$ _____	\$ _____
<b><u>3. Book publishing:</u></b>	\$ _____	\$ _____
<b><u>4. Broadcasting (Radio):</u></b>	\$ _____	\$ _____
<b><u>5. Broadcasting (Television):</u></b>	\$ _____	\$ _____
<b><u>6. Cablecasting:</u></b>	\$ _____	\$ _____
<b><u>7. Magazine or Periodical Publishing:</u></b>	\$ _____	\$ _____
<b><u>8. Newspaper Publishing:</u></b>	\$ _____	\$ _____
<b><u>9. Miscellaneous: please describe:</u></b> _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____



2. Estimated total gross annual sales or revenues for the coming year for **media activities to be covered by the proposed policy:**

	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. United States:	\$ _____	\$ _____
2. Canada:	\$ _____	\$ _____
3. United Kingdom:	\$ _____	\$ _____
4. Australia:	\$ _____	\$ _____
5. Asia:	\$ _____	\$ _____
6. Europe:	\$ _____	\$ _____
7. Other countries – specify: _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____

**VI. LOSS HISTORY:**

1. Since the submission date of the last Application to the Company has **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass?  Yes  No

If Yes, please describe in detail the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition:

\_\_\_\_\_

\_\_\_\_\_

**VII. MATERIAL CHANGE:**

If any information provided in this Renewal Application changes materially before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VIII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURE:**

The **Applicant's** submission of this Renewal Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Renewal Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Renewal Application.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, that the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agrees that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the **Applicant** to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.



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The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

**Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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 and Rhode Island 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, Tennessee, Virginia and Washington 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 Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.





**Chubb Group of Insurance Companies**  
 15 Mountain View Rd.  
 Warren, NJ 07059

**MEDIAGUARD<sup>SM</sup> by CHUBB**  
 Renewal Application  
 for Media Liability Coverage

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

\*This Renewal Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____
<u>Submitted By:</u>		
Agency: _____		
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____