



**BY COMPLETING THIS NEW BUSINESS 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 NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS**

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
2. Attach a copy of the following:
  - Current audited financial statement, annual report, 10K, or operating budget (if non-profit organization);
  - Experience resume of key personnel if in business less than three (3) years;
  - Description of current media content, e.g., publications, programming, advertising, new media, etc.; and
  - Standard release forms and contracts with third party content providers, distributors, employees, etc.

**I. GENERAL APPLICANT INFORMATION**

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

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____		
5. Year established: \_\_\_\_\_
6. Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired?  Yes  No  
 If Yes, list all such locations on a separate sheet and attach it to this Application.

**NOTE: Coverage is not afforded to any such entity unless it is scheduled in this section of the Application and specifically named as an Insured on the policy.**

7. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased?  Yes  No

If yes, please provide a summary description of due diligence performed in connection with potential liabilities and claims arising from the purchased, merged, consolidated or acquired entity. The summary description should be provided on a separate sheet and attached to this Application.

If yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain on a separate sheet and attach it to this Application.

**II. GENERAL POLICY INFORMATION**

1. Coverage desired:
  - Media Activities
  - Covered Subpoena (for NewsMedia Organizations only)
  - Internet Activities



Limits of Liability desired:

Each Claim or Related Claim:

Media Activities: \$ \_\_\_\_\_

Covered Subpoena: \$ \_\_\_\_\_

Internet Activities \$ \_\_\_\_\_

Aggregate for all Claims, Related Claims and Covered Subpoenas (if applicable): \$ \_\_\_\_\_

2. Retention Amount desired for each Claim or Related Claim:

\$5,000     \$10,000     \$25,000     \$50,000     Other: \$ \_\_\_\_\_

3. Retention desired for each Covered Subpoena (if applicable):

\$10,000     Other: \$ \_\_\_\_\_

4. Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.

5. Media Activities / Covered Media:

A. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation and the geographical market served.

Publication	Frequency	Circulation	Geographical Market
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please list all broadcast or cable stations for which coverage is sought and provide the number of subscribers (for cable stations), the highest sixty (60) second advertising rate (for broadcast stations), the geographical market served, the station format and the advertising rate.

Station	Subscribers	Geographical Market	Format	Advertising Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Please list or describe all other Media Activities and content for which coverage is sought (e.g., advertisers liability; advertising agency liability; new media; etc.).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Internet Activities / Internet Site(s):

Please identify the top five (5) internet site(s) by "hits" or "related to your largest Gross Revenue producing properties" for which coverage is sought, the date each site first went on-line, and the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month
_____	_____	_____



_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT:** If any of the above internet sites are not yet on-line, please separately attach a complete description of the proposed site(s), the anticipated launch date and an estimated number of monthly page views (if known).

**III. RISK MANAGEMENT PROCEDURES**

**LEGAL, EDITORIAL AND CLEARANCE REVIEW / TAKE-DOWN PROCEDURES:**

1. a. Please describe the **Applicant's** policy and practice regarding review and **editing** of articles, broadcasts, or other communications (including internet content) prior to publication (or posting), including the names of the individuals conducting the review and their experience, as well as the procedures/guidelines for referring to outside counsel:

\_\_\_\_\_

b. Please describe the **Applicant's** policy and practice regarding **legal review** of articles, broadcasts, or other communications (including internet content) prior to publication (or posting), including the name of the outside counsel, years of experience, and how often outside counsel is used to conduct reviews:

\_\_\_\_\_

c. Please describe the **Applicant's** general policy and practice regarding **clearance review**, including obtaining necessary licenses, consents and releases for the use of content:

\_\_\_\_\_

2. Does **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights, trademarks or other intellectual property held by third parties?  Yes  No

If Yes, please describe **Applicant's** policy and practice for timely implementing these "take-down" procedures:

\_\_\_\_\_

**OTHER RISK MANAGEMENT:**

3. What percentage (%) of the content of the Covered Media or Internet Site(s) is derived from news or feature syndications, or wire services? \_\_\_\_\_%

4. What percentage (%) of the content of the Covered Media or Internet Site(s) is supplied by stringers, freelancers, or other non-employees? \_\_\_\_\_%

5. Describe **Applicant's** policy and practice regarding the processing of and response to requests for retraction or correction.

\_\_\_\_\_

6. Does **Applicant** engage in any live programming?  Yes  No

If Yes, please describe any type of delay device utilized and **Applicant's** policy and practice regarding the use of such device.

\_\_\_\_\_



7. Does **Applicant** engage in the following newsgathering practices? Check all that apply and provide a description:

- Hidden Camera/Microphones \_\_\_\_\_
- “Ride alongs” \_\_\_\_\_
- Reliance on anonymous sources: \_\_\_\_\_
- “Undercover” Investigations \_\_\_\_\_

8. Does **Applicant** own a federally registered trademark in its domain name?  Yes  No

9. 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. FINANCIAL INFORMATION (FOR ALL APPLICANTS)**

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:

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

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

<b>GEOGRAPHIC BREAKDOWN OF MEDIA ACTIVITY’S PORTION OF GROSS ANNUAL REVENUE:</b>			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Subsequent Year</u>
<b>1. United States:</b>	\$ _____	\$ _____	\$ _____
<b>2. International:</b>	\$ _____	\$ _____	\$ _____



<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____
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**V. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE**

1. Does the **Applicant** have media liability insurance currently in force?  Yes  No
- a. If Yes to Question 1, is Advertising Injury coverage included?  Yes  No
- b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

Has the **Applicant** ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by the insurer?  Yes  No

If Yes, please attach an explanation.

3. Does the **Applicant** maintain a comprehensive general liability policy?  Yes  No

If Yes, please provide the following information:

Name of Insurer: \_\_\_\_\_

Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_

Is Personal Injury coverage included?  Yes  No

Is Product Liability coverage included?  Yes  No

**LOSS HISTORY:**

4. In the past ten (10) years, has the **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:

\_\_\_\_\_

5. Please attach a list (including the status) of all media liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here:  None

6. a. In the past five (5) years, how many subpoenas have been served on the **Applicant**, seeking documents or information obtained in the course of newsgathering activities? \_\_\_\_\_
- b. Of these, how many times has the **Applicant** challenged the subpoena by filing a motion in court? \_\_\_\_\_
- c. Please provide a list detailing all **Defense Costs** incurred in connection with each separate challenge to a subpoena listed in Question 6.b. above:

\_\_\_\_\_



7. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any facts, circumstances or situations which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance?  Yes  No

If Yes, please provide full details:

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**Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim arising from any facts, circumstances, situations or claims required to be disclosed in response to questions 4, 5, 6, and 7 above is excluded from the proposed insurance.**

**VI. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

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

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this 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.

**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

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Chief Executive Officer  
Chief Financial or Chief  
Information Officer

\*This 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.

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