



# MEDIA LIABILITY RENEWAL APPLICATION

THIS IS A RENEWAL APPLICATION FOR MEDIA LIABILITY INSURANCE ISSUED ON A CLAIMS-MADE OR OCCURRENCE BASIS. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

- This renewal application must be completed in full, including all required supplemental applications or attachments.
- Attach a separate sheet of paper if more space is needed to answer any question.
- We treat all applications, including all materials submitted in connection therewith, as confidential.

## 1. GENERAL INFORMATION

(a) Applicant: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Risk Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Applicant's email address: \_\_\_\_\_

(b) Have there been any changes in the Applicant's ownership structure during the last year?

If "Yes," please describe. \_\_\_\_\_  
\_\_\_\_\_

(c) Identify all new subsidiaries or joint ventures to be insured that were not insured under the expiring Policy.

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

(d) Has the Applicant acquired, merged with or divested any business in the last year?  Yes  No

If "Yes," please describe the transaction in an attachment.

(e) Please check all of the following that describe the Applicant:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advertiser         | <input type="checkbox"/> Film Producer           | <input type="checkbox"/> Personal Appearance    |
| <input type="checkbox"/> Advertising Agency | <input type="checkbox"/> Magazine Publisher      | <input type="checkbox"/> Program Producer       |
| <input type="checkbox"/> Author             | <input type="checkbox"/> Multimedia Conglomerate | <input type="checkbox"/> Public Relations Firm  |
| <input type="checkbox"/> Book Publisher     | <input type="checkbox"/> Music Firm              | <input type="checkbox"/> Radio Broadcaster      |
| <input type="checkbox"/> Commercial Printer | <input type="checkbox"/> Newspaper Publisher     | <input type="checkbox"/> Television Broadcaster |
| <input type="checkbox"/> Distributor        | <input type="checkbox"/> Online/ Internet        | <input type="checkbox"/> Other: _____           |

Please list the names of any books, magazines, newspapers, call letters, productions, or other publications acquired in the past 12 months that are to be insured:

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

(f) Have there been any changes (management, gain/loss of employees, type of business, etc.) in the past 12 months or do you expect any changes in the next 12 months with respect to the Applicant's business operations?

Yes  No

If "Yes," please describe. \_\_\_\_\_  
 \_\_\_\_\_

**2. OPERATIONS**

(a) Gross Annual Revenues:

	Past Fiscal Year	Current Fiscal Year	Forecast for Coming Fiscal Year
Advertising			
Advertising Agency			
Broadcasting			
Distribution			
Film and Program Production			
Music			
Online/Internet			
Personal Appearances			
Printing			
Publishing			
Other: _____			
Total Revenues			

Are any of the Applicant's past, current or anticipated revenues derived from non-US operations?

Yes  No

If "Yes," please describe, indicating source and amount of revenues and from which countries the revenues are derived:

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

(b) Content:

In the last 12 months, have there been any changes in any of the following:

- (i) the types of content included in matter created or distributed by Your organization;
- (ii) the percent of total annual revenue derived from each of the types of content distributed by Your organization;
- (iii) the ownership of the types of content distributed by Your organization (i.e. the percentage created, purchased or licensed);
- (iv) the distribution method for of any of the types of content distributed by Your organization, i.e national vs. local, online vs. other methods of distribution?

Yes  No

If "Yes," please complete the Content Supplemental Renewal Application.

(c) Internet Business / Website:

The following pertains to business that the Applicant conducts over the internet, i.e. online. Please provide the following information pertaining to the Applicant's website:

	Daily	Weekly	Monthly
Hits:			
Unique Hits:			
Views:			

Percent of annual revenues derived from the applicant's website over the last 12 months: \_\_\_\_\_

Does the Applicant collect any personal or financial information through the internet/website?  Yes  No

If "Yes," please describe:

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(d) Merchandising:

1. Has the Applicant done any merchandising in the last 12 months, or does it expect to conduct any merchandising in the next 12 months?

Yes  No

If "Yes," have there been any changes in Applicant's merchandising activities, such as vendors used, outsourcing of merchandising, approval procedures, etc.?

Yes  No

Please explain any changes: \_\_\_\_\_  
\_\_\_\_\_

(e) Personal Appearances:

1. Please estimate the number of engagements or appearances:

(i) in the last 12 months: \_\_\_\_\_  
(ii) anticipated in the next 12 months: \_\_\_\_\_

2. Describe the program format and content for each engagement or appearance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Printing:

1. Does the Applicant provide printing services to third parties?  Yes  No

If "Yes," answer the following:

Does the Applicant print materials, (i) for lotteries, gambling or other games of chance, or (ii) containing adult content?  Yes  No

Indicate % of total revenue in the past 12 months: \_\_\_\_\_ lotteries \_\_\_\_\_ adult content

### 3. CONTENT

(a) Please confirm the following:

- (i) the Applicant requires written contracts or agreements with providers of content;  
(ii) the Applicant reviews its standard provider contract on an annual or bi-annual basis; and  
(iii) the Applicant secures written warranties from providers of content with respect to originality of content, libelous matter and authenticity of resources?

Confirm  Cannot Confirm

If "Cannot ," please explain the Applicant's current procedures in a separate attachment.

#### 4. **SAFEGUARDING PROCEDURES**

(a) Please confirm that the Applicant's current editorial, legal and risk management departments are familiar with:

- (i) Current libel laws;
- (ii) Intellectual property laws;
- (iii) Privacy laws;
- (iv) Publicity laws; and
- (v) the Children's Online Privacy Protection Act (COPPA)?

Confirm  Cannot Confirm

If "Cannot Confirm," please explain in a separate attachment.

(b) Please confirm that, in the last 12 months, that Applicant has made no changes in the following procedures or practices:

- (i) methods for safeguarding information such as documenting sources, obtaining releases, etc.;
- (ii) requiring written releases from persons appearing in photographs, videos or any other digital medium;
- (iii) use of disclaimers with respect to financial and technical information or financial, legal or medical advice;
- (iv) acceptance of unsolicited ideas, books, screenplays, articles, photographs or any other content;
- (v) obtaining written consents from individuals appearing in adult-oriented content;
- (vi) obtaining clearances for the music used in its media activities prior to use;
- (vii) compliance with licensing requirements if its music transmissions are non-subscription;
- (viii) procedure for checking accuracy and originality of content;
- (ix) procedure regarding the use of confidential sources;
- (x) procedure regarding the recycling of file footage, notes, tapes or digital versions thereof;
- (xi) review of materials before dissemination by legal counsel;
- (xii) procedures for dealing with complaints, corrections and retractions;
- (xiii) procedure for dealing with subpoenas.

Confirm  Cannot Confirm

If "Cannot Confirm," please explain in a separate attachment.

(c) How many subpoenas have You received in the past 12 months? \_\_\_\_\_

#### **SIGNATURES AND REPRESENTATIONS**

The undersigned, as authorized agent of the individual proposed for this insurance, represents that, to the best of his/her knowledge and belief, after diligent inquiry, the statements in this Application and any attachments or information submitted to or obtained by the Insurer in connection with this Application (together referred to as the "Application") are true and complete.

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.**

**THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.**

**NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, 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 ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO ARKANSAS AND WEST VIRGINIA 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 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 CLAIMING 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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.**

**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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

**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 OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.**

**NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.**

**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 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.**

**I ATTEST THAT ALL INFORMATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_