



MEDIA LIABILITY APPLICATION

THIS IS AN 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 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.

Please provide the following information as an attachment to this Application:

- **Most recent audited financial statements (unless the Applicant is a publicly traded company);**
- **Sample contracts signed with third parties;**
- **Sample publications (book lists, sample copies of newspapers or periodicals, program schedules, scripts);**
- **Promotional materials;**
- **Resumes or biographies of key professionals if in business less than three years;**
- **Any other general information that assists us in understanding the Applicant's business; and**
- **Loss runs.**

1. GENERAL INFORMATION

(a) Applicant: _____

DBA: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant's email address: _____

(b) Applicant's Website Address: _____

(c) Date Established: _____

(d) Number of years the Applicant has been:

In operation: _____ Owned by present owners: _____ Managed by present management: _____

(e) Ownership structure:

Public Corporation (list tickler symbol): _____

Private Corporation

Limited Liability Company

Joint Venture

Other: _____

(f) Identify all subsidiaries or joint ventures to be insured. _____

(g) Is the Applicant owned by, controlled by, affiliated with, or associated with any other entity? Yes No

If "Yes," please list other entities and describe relationship (indicate ownership). _____

(h) Has the Applicant changed its name in the last five years, or operated under any DBA other than that listed in 1.a.? Yes No

If "Yes," please list. _____

(i) Has the Applicant acquired, merged with or divested any business in the last five years? Yes No
If "Yes," please describe the transaction in an attachment.

(j) (1) Number of employees: _____
(2) Number of independent contractors used on an annual basis: _____
(3) If the independent contractors are entities, please name and describe work performed: _____

(k) Type of coverage: Claims-Made Occurrence

(l) Retroactive date requested (if Claims-Made): _____

(m) Limit of Liability requested: \$1M \$3M \$5M Other: _____

(n) Retention requested: \$10,000 \$25,000 \$50,000 Other: _____

(o) 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 books, magazines, newspapers, call letters, productions, etc., to be insured:

(p) Is the Applicant engaged in any other business? Yes No

If "Yes," please describe: _____

(q) 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. _____

(r) Please provide the name and telephone number of the Applicant's Risk Manager and General Counsel.
If none, please state:

Risk Manager: _____ Telephone Number: _____

General Counsel: _____ Telephone Number: _____

Name of In-House Counsel	Areas of Specialty	Years of Experience

Please attach a separate sheet if more space is needed.

- (s) Does the Applicant retain outside counsel for advice regarding potential liability arising out of its media related activities? Yes No

If "Yes," please provide the following information:

Name of firm: _____

Address: _____

Areas of specialty(ies): _____

Principal contact: _____

Phone Number: _____

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:

Please complete the following chart. The revenue column should total 100% vertically, while content ownership should total 100% horizontally for each content category line.

Content	Revenue	Content Ownership			Content Distribution		
	% of Annual Revenue	% of content created?	% of content purchased?	% of content licensed?	Do you distribute content?	Range of Distribution*	Available Online?
Example	100%	50%	50%		Yes	National	No
Advertising							
Alternative							
Autobiography							
Biography							
Blog							
Celebrity							
Children's							
Classics							
Controversial/Extremism							
Documentary							
Educational							
Exposé/Investigation							
Fiction/Drama							
Financial							
Foreign Language							
Health/Fitness/Wellness							
History							
Home/ Hobby/ Games							
How To/ Technical							
Humor/ Satire/ Comedy							
Law/ Justice							
Mature/Adult							
Medical							
Music							
News							
Pictorial							
Political							
Reality							
Religious							
Social Commentary							
Sports							
Travel							
Unauthorized Biography							
Other:							

* Please use the following for Range of Distribution: Global, National, Regional, Metropolitan, and Community.

(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: _____

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

If "Yes," please describe:

(d) Merchandising:

1. Is the Applicant doing any merchandising? Yes No
2. Does the Applicant outsource merchandising activities? Yes No
3. Does the Applicant repeatedly use the same vendors for such activities? Yes No
4. Does the Applicant approve the merchandising before it is released to the market? Yes No

If "No," please explain: _____

(e) Personal Appearances:

1. Please estimate the number of engagements or appearances anticipated per year: _____
2. Describe the program format and content for each engagement or appearance. _____

(f) Printing:

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

If "Yes." Please answer the following:

Type of printing: _____

Does the Applicant print materials for lotteries, gambling or other games of chance? Yes No
_____ % of revenues

Does any printed material contain adult content? Yes No
_____ % of revenues

3. CONTENT OWNERSHIP

- (a) Does the Applicant typically require written contracts or agreements with providers of content? Yes No

If "Yes," please provide a standard contract.

- (b) How often does the Applicant review or modify standard contract(s)? _____
(annually, bi-annually, etc.)

(c) Describe the third parties that provide the Applicant with content:

(examples would include freelance writer, stringer, independent contractors, syndicates such as the Associated Press, etc.)

(d) Do providers of content supply written warranties with respect to originality of content, libelous matter, and authenticity of sources? Yes No

(e) What percentage of your content is indemnified by third party? _____%

4. SAFEGAURDING PROCEDURES

(a) Are the Applicant's editorial, legal, and risk management departments familiar with the following:

- Current libel laws? Yes No
- Intellectual property laws? Yes No
- Privacy laws? Yes No
- Publicity laws? Yes No

(b) Does the Applicant engage in any investigative reports, exposés or "ride-alongs" with law enforcement, emergency medical services, or private investigators? Yes No

If "Yes," please describe activities and methods for safeguarding information such as documenting sources of information, obtaining releases, etc.:

(c) Are written releases obtained from persons appearing in photographs, videos or any other digital medium? Yes No N/A

If "No," please explain: _____

(d) Are disclaimers used with respect to financial and technical information or financial, legal or medical advice? Yes No N/A

If "No," please explain: _____

(e) Does the Applicant accept unsolicited ideas, books, screenplays, articles, photographs or any other content? Yes No

If "Yes," please describe handling procedures: _____

(f) Are written consents obtained from individuals appearing in adult-oriented content? Yes No N/A

If "Yes," how do you verify the individuals' ages? _____

(g) Is the Applicant in compliance with the Children's Online Privacy Protection Act (COPPA)? Yes No

(h) Are all clearances (licenses, rights) obtained for the music used in the Applicant's media activities prior to use? Yes No N/A

If "No," please explain: _____

(i) If the Applicant's music transmissions are non-subscription, is the Applicant complying with licensing (including statutory licensing) requirements? Yes No

If "No," please explain: _____

(j) Is there a procedure for checking accuracy and originality of content? Yes No

If "No," please explain. If "Yes," please attach or describe: _____

(k) Is there a written procedure regarding the use of confidential sources? Yes No N/A

If "No," please explain. If "Yes," please attach or describe: _____

(l) Is there a written procedure in place regarding the recycling of file footage, notes, tapes or digital versions thereof? Yes No N/A

If "No," please explain. If "Yes," please attach or describe: _____

(m) Does legal counsel review all materials before dissemination? Yes No

If "No," please explain: _____

(n) At what point does the Applicant get legal counsel involved in the review of intellectual property matters?

(o) Does the Applicant have a procedure for complaints, corrections and retractions? Yes No

If "No," please explain. If "Yes," please attach. _____

(p) How many subpoenas have you received per year in the past three years?

Previous 12 months: _____
Past 12-24 months: _____
Past 24-36 months: _____

(q) Do you have a procedure for dealing with subpoenas? Yes No

If "No," please explain. If "Yes," please attach or describe: _____

(r) What percentage of the Applicant's programming is live? _____%

Are delay devices used in live programming?

Yes No

If "Yes," what kinds of devices are used? _____

5. INSURANCE INFORMATION AND HISTORY

Provide the Applicant's professional liability insurance history for the last five years. Start with the most recent Insurer and attach an additional sheet if necessary.

Insurer	Policy Period	Coverage Type (Claims-Made = C; Occurrence = O)	Limits of Liability	Retention	Premium

Has any insurance company ever non-renewed or canceled the Applicant's professional liability insurance?

Yes No

If "Yes," please complete the following:

Insurer	Date	Reason

6. CLAIMS INFORMATION

(a) Has there ever been, or is there now pending, any claim, suit, judgment or settlement against the Applicant?

Yes No

If "Yes," please provide by attachment a description of each matter. Include any pertinent details, including the date brought, date resolved, nature of the allegations, nature of the relief sought, the amount of any damages sought, any amounts paid (include amounts paid as attorneys fees and costs), and the current status. Also provide currently valued carrier loss runs.

(b) Is the Applicant, or any proposed insured, aware of any fact, situation, incident or circumstance which he or she has reason to believe might result in a claim under the coverage being sought by the Applicant?

Yes No

If "Yes," please provide by attachment a detailed description of each matter.

Have these matters been reported to your current or any previous insurance carrier?

Yes No

- (c) Has there ever been any governmental or regulatory investigation or proceeding against or involving the activities of the Applicant or any proposed insured, or has the Applicant or any proposed insured been sanctioned by or entered into a settlement agreement with any governmental or regulatory agency, involving services for which coverage is being sought? (Include currently pending investigations or proceedings.)

Yes No

If "Yes," please provide by attachment a detailed description of each matter.

PLEASE NOTE, WITHOUT PREJUDICE TO ANY OTHER RIGHTS OF THE UNDERWRITER / INSURER, IT IS UNDERSTOOD AND AGREED THAT, ANY CLAIM OR RELATED CLAIM THAT ARISES OUT OF ANY CLAIM, SUIT, FACT, SITUATION, INCIDENT, CIRCUMSTANCE, INVESTIGATION OR PROCEEDING, THAT IS OR REASONABLY SHOULD HAVE BEEN DISCLOSED IN RESPONSE TO THE ABOVE QUESTIONS IS EXCLUDED FROM THE PROPOSED COVERAGE.

THE UNDERSIGNED AUTHORIZED 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 COMPANY IN WRITING OF SUCH CHANGES. THE COMPANY RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED PARTNER, DIRECTOR OR OFFICER REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS / ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS / HER KNOWLEDGE AND BELIEF AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH HEREIN AND ATTACHED HERETO ARE TRUE. 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 ARKANSAS, MINNESOTA, 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 OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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, MAINE, TENNESSEE, AND VIRGINIA 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 FLORIDA 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 OR AN APPLICATION CONTAINING ANY FALSE 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 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 MARYLAND 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 OR

DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO NEW JERSEY 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 SUCH VIOLATION.

NOTICE TO OKLAHOMA APPLICANTS: 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 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 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.

Must be signed in ink and dated by Partner, Director or Officer.

Signing this form and tendering premium does not bind the Company to complete the insurance. Application must be signed in ink to be considered for quotation.

Applicant Signature: _____

Print or type name and title:

Date: _____ (mo/day/year)