



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

Media Advantage Policy[®] Insurance Application

All Questions Must Be Answered Completely.

Attach Additional Sheet If Necessary.

The Coverage Supplement And All Attachments Must Be Included With This Application.

NOTE: Unless the policy form provides coverage for Defense Costs In Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

1. Applicant Information — This entity will be identified as the **Named Insured**.

Name of **Applicant**: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____

Corporation

Partnership

Individual

Joint Venture

Please identify memberships in any trade or professional organizations _____

Gross Annual Revenues from “media” activities: United States: \$ _____

Canada: \$ _____

International: \$ _____

Identify international media activities, by country, outside the United States and Canada. _____

2. Coverage Information (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ _____ Retention \$ _____

3. **Loss Prevention**

A. Media Counsel

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Firm contact _____

Is counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No

Does counsel conduct a review of the content of scheduled media? Yes No

Is counsel consulted regarding intellectual property issues? Yes No

Is counsel on retainer? Yes No

B. Operations

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? Yes No

If "yes," please advise _____

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No

Does the **Applicant** require advertisers and/or advertising agencies to execute hold-harmless agreements regarding the content of advertising? Yes No

Does the **Applicant** utilize third parties to create content for scheduled media? Yes No

Are third parties required to execute hold-harmless agreements? Yes No

Are third parties required to provide proof of insurance? Yes No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or other content on the Internet? Yes No

4. Insurance and Claim Information

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

If “**yes**,” please attach complete details including the amount of defense costs, any applicable retention, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Provide details on 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.

(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 _____

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media _____ .

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

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.	_____	_____	_____	_____	_____

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, the Coverage Supplement 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 _____



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Media Advantage Policy[®] Multimedia Supplement

1. Name of Applicant _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy _____

3. Total gross annual revenues from media activities \$ _____

4. **Scheduled Media** — Please identify all media entities to be insured:

A. Scheduled Television and Cable Stations:

For television, please provide highest hourly advertising rate and for cable, please identify the number of subscribers:

<u>Station and Geographic Market</u>	<u>Years in Operation</u>	<u>Highest Hourly Advertising Rate</u>	<u>Number of Subscribers</u>
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Network Affiliation (please identify) _____

Gross annual revenues from television and cable broadcasting \$ _____

B. Scheduled Radio Stations:

<u>Call Letters & Geographic Market</u>	<u>Years in Operation</u>	<u>Highest Rate-60 Second Spot</u>	<u>Percentage Simulcast</u>	<u>Hours Broadcast</u>	<u>Format</u>
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Gross annual revenues from radio broadcasting \$ _____

Do any of the radio stations share content? Yes No

If "yes," please advise the percentage the content shared or simulcast _____%

Do any of the radio stations web cast over the Internet? Yes No

If "yes," are appropriate statutory licenses procured? Yes No

C. Broadcast Programming for Television, Cable and Radio:

Original Programming (excluding news) _____ %
 Percent that is: a) Pre-recorded _____ %
 b) Live _____ %
 Network Programming _____ %
 Purchased or Leased Programming _____ %
 Percent provided by a syndicate or feature service _____ %
 Percent provided by independent contractors _____ %
 Original Local News Programming _____ %
 News Content Provided by a Wire Service _____ %

Do any of the stations produce programming for stations not owned or operated by the **Applicant**? Yes No
 If "yes," please explain the type of programming produced _____

D. Broadcast Format for Television, Cable and Radio:

Educational _____ %
 Public Broadcasting _____ %
 Religious Content _____ %
 Controversial _____ %
 Sports _____ %
 Talk: _____ %

Foreign Language Broadcasting: Yes No
 Spanish _____ % Asian _____ % Middle Eastern _____ % French _____ %
 Other _____ %

E. Newspaper Publishing Information:

Identify Scheduled Publications. Attach a separate sheet if more than three publications:

	(A)	(B)	(C)
Name	_____	_____	_____
Location	_____	_____	_____
Date First Published	_____	_____	_____
Circulation/Frequency	_____	_____	_____
Circulation Area	_____	_____	_____

Circulation Area: international, national, regional, statewide, metropolitan, community, rural or campus.

	(A)	(B)	(C)
% Content from Wire Service/ Syndication	_____ %	_____ %	_____ %
% Content from Freelance Writers/Volunteers	_____ %	_____ %	_____ %
% Controversial or Investigative Content	_____ %	_____ %	_____ %

Do any of the above publications share content?

Yes No

If "yes," please advise of the percentage of shared content _____%.

Gross annual revenues from newspaper publishing \$ _____

F. Magazine Publishing:

Please identify all periodicals to be insured by the Media Advantage Policy:

<u>Name and Location</u>	<u>Circulation Area</u>	<u>Circulation and Frequency</u>	<u>Yrs in Operation</u>	<u>Format</u>

Do any of the periodicals focus upon investigative reporting?

Yes No

If "yes," how does editorial staff ensure content accuracy _____

Please identify what percentage of periodical content focuses upon the following:

Alternative	_____%	Humor/Satire	_____%	News	_____%
Business/Finance	_____%	Home/Hobby	_____%	Pictorial	_____%
Consumer	_____%	Fiction/Non-Fiction	_____%	Political/Social	_____%
Educational	_____%	Historical	_____%	Religious	_____%
Entertainment	_____%	Instruction/How-to	_____%	Sports	_____%
Ethnic	_____%	Metropolitan	_____%	Technical	_____%
Other	_____%	_____			

Please identify any special publications, such as directories or newsletters, and describe content _____

Gross annual revenues from magazine publishing \$ _____

G. Book Publishing:

Please identify the type of books to be insured by the Media Advantage Policy and assign a percentage:

Autobiography	_____%	Fiction	_____%	Law & Justice	_____%
Celebrity	_____%	Health & Fitness	_____%	Medical	_____%
Children's	_____%	Historical Biography	_____%	Personal Betterment	_____%
Classics	_____%	How-to General	_____%	Political	_____%
Current Biography	_____%	How-to Technical	_____%	Reference	_____%
Economics & Finance	_____%	Hobbies	_____%	Social Commentary	_____%
Education Textbook	_____%	Investigative	_____%	Travel	_____%
Other	_____%				

Please describe _____

Are any of the books investigative works or unauthorized biographies?

Yes No

Are authors required to indemnify the publisher? Yes No

If "yes," please explain indemnification arrangement _____

Gross annual revenues from book publishing \$ _____

5. Systems, Operations and Loss Prevention for Scheduled Media:

- Do news reporters engage in investigative or undercover reporting? N/A Yes No
- Are hidden cameras or microphones used? N/A Yes No
- Are "Letters to the Editor" edited? N/A Yes No
- Is there a procedure for responding to complaints? N/A Yes No
- Are releases used in connection with the publication of photographs? N/A Yes No
- Is there a policy regarding the use of confidential sources? N/A Yes No
- Are delay devices utilized for live broadcasts? N/A Yes No

If scheduled media is published or broadcast in languages other than English, please identify:

Spanish	_____ %	Asian	_____ %
Middle Eastern	_____ %	French, German, Italian	_____ %
Other foreign language	_____ %		

What percentage of media content is provided by independent contractors, such as freelancers or stringers?
_____ %

Have procedures been implemented to verify content accuracy? Yes No

Are there procedures for responding to complaints and retraction requests? Yes No

6. Other Media — Please identify any other media, such as films, online activities or programs to be insured

Gross annual revenues from other media activities \$ _____

7. Attachments

Please submit the following information to complete the Application:

- a Current financial statement or corporate annual report;
- a Promotional materials regarding the services or operations of **Applicant**;
- a Copies of standard hold-harmless agreements and other contracts utilized with advertisers, licensors, licensees, distributors and independent contractors;
- a For newspapers and periodicals, please include three consecutive copies of publications to be insured;
- a For radio and television, include an advertising rate card(s) and program schedule;
- a For books, please include a current book list; and
- a If a new operation, resumes of principals.