



OneBeacon Insurance Company

Media Advantage Policy[®] Broadcaster Renewal Application

All Questions Must Be Answered Completely.
Attach Additional Sheet If Necessary.

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. Renewal of the expiring Media Advantage Policy[®], Endorsement and Declarations is not automatic. Please return the completed Renewal Application promptly so that we can advise of renewal terms or of our inability to renew coverage.

1. Named Insured Information

Named Insured _____

Policy Number _____ Expiration Date _____

Advise of any changes to the Named Insured's address, phone number, fax or e-mail address or other contact information _____

2. **Scheduled Television and Cable Stations**

Attach an additional sheet, if necessary. For cable, please identify the number of subscribers.

Station and Location	Years in Operation	Highest Advertising Rate Hourly Spot	Number of Subscribers	Station Revenues

Schedule Radio Stations

Call Letters and Location	Years in Operation	Highest Advertising Rate Sixty Second Spot	Percentage Simulcast	Format	Station Revenues

3. For new stations, describe program format, attach program schedule and indicate source of programming (wire service, network/syndicated, original, etc.) by percentage. _____

Gross Annual Revenues: United States: \$ _____
Canada: \$ _____
International: \$ _____

Please attach current financial statement or annual report

4. Claim Information

Has any insured been involved in a media liability lawsuit or claim, which has not yet been reported to the **Company**?

Yes No

If “yes,” please attach detailed information, including suit papers or demand letters.

If the Insured has Subpoena Defense Coverage or is seeking to add this coverage, please attach detailed information regarding the circumstances of any subpoenas, which have not been reported.

5. Other Information

Advise of any other changes from the original Application that might affect this coverage:

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 Renewal Application for insurance and in any attachments are true and correct to the best of my knowledge.

Insured _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____