



**AXIS Insurance**  
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# AXISPRO<sup>®</sup> MULTIMEDIA LIABILITY COVERAGE RENEWAL APPLICATION FOR INSURANCE

## I. GENERAL INFORMATION

1. First Named Insured (including DBAs): Gibson Overseas, Inc.  
**NOTE: First Named Insured is responsible for premium payment, cancellation and changes – refer to specimen policy.**  
 Street Address: 2410 Yates Avenue  
 City, State, Zip Code: Commerce, CA 90040 Telephone Number: \_\_\_\_\_  
 Website Address(es): \_\_\_\_\_
  
2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired that are not currently covered by the policy?  Yes  No  
 If yes, please provide a list of entities for which coverage is desired. \_\_\_\_\_  
 \_\_\_\_\_
  
3. Do you desire coverage for joint ventures in which you participate that are not currently covered by the policy?  Yes  No  
 If yes, list the name of each joint venture, describe your role and percentage (%) interest. \_\_\_\_\_  
 \_\_\_\_\_  
 With respect to the joint venture(s) described above:  
 A. Do you require coverage for your participating interest only?  Yes  No  
 OR  
 B. Are you contractually required to provide coverage for the entire joint venture including all joint venturers?  Yes  No
  
4. Within the past year has applicant:
  - A. Changed name?  Yes  No
  - B. Changed ownership structure?  Yes  No
  - C. Purchased or acquired another entity?  Yes  No
  - D. Merged or consolidated with another entity?  Yes  No
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

## II. MEDIA ACTIVITIES

5. Describe any changes to your Media Activities since your last application: \_\_\_\_\_  
 \_\_\_\_\_

**III. INTERNET AND TECHNOLOGY SERVICES THAT YOU PERFORM FOR OTHERS**

6. Describe any changes to internet and technology services that you perform for others since your last application: \_\_\_\_\_

**IV. SECURITY AND PRIVACY MEASURES**

7. Describe any changes to your security and privacy measures since your last application: \_\_\_\_\_

**V. RISK MANAGEMENT, EDITORIAL AND LEGAL PROCEDURES**

8. Describe any changes to your risk management, editorial and legal procedures since your last application: \_\_\_\_\_

**VI. APPLICANT'S PROPOSED CHANGES TO TERMS AND CONDITIONS**

9. Do you propose any changes in the provisions of the policy for the Company's consideration?  Yes  No

If yes, please provide details of proposed changes: \_\_\_\_\_

**VII. FINANCIAL INFORMATION**

10.	<b>GROSS REVENUE (and/or Budget for non-profits) Current Fiscal Year</b>	<b>GROSS REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year</b>
	\$	\$
Advertiser		
Expenditures – Current Fiscal Year	\$ _____	
Expenditures – Est. Next Fiscal Year	\$ _____	
Advertising Agency or Public Relations Firm	\$ _____	\$ _____
Billings – Current Fiscal Year	\$ _____	
Billings – Est. Next Fiscal Year	\$ _____	
Author/Freelancer	\$ _____	\$ _____
Book Publisher	\$ _____	\$ _____
Broadcaster – Radio, Television or Cable TV	\$ _____	\$ _____
Cable TV System Operator	\$ _____	\$ _____
Commercial Printing for Others	\$ _____	\$ _____
Magazine/Newsletter/Periodical Publisher	\$ _____	\$ _____
Multimedia	\$ _____	\$ _____
Newspaper Publisher	\$ _____	\$ _____
Public Appearance	\$ _____	\$ _____
Website Publisher	\$ _____	\$ _____
Other - describe:	\$ _____	\$ _____
<b>TOTAL MEDIA REVENUE (BUDGET):</b>	\$ _____	\$ _____

11.	<b>DOMESTIC AND FOREIGN REVENUE (and/or budget for non-profits)</b>
United States:	\$ _____
Canada:	\$ _____
Other - specify:	\$ _____
<b>TOTAL:</b>	\$ _____

**VIII. REPRESENTATIONS**

By signing this application, the applicant agrees that:

1. The statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
2. The statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
3. Those representations are a material inducement to the Company to provide a proposal for insurance;
4. Any policy the Company issues will be issued in reliance upon those representations;
5. The applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
6. The Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT S(HE) IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

NAME (PLEASE TYPE OR PRINT)

NAME (SIGNATURE OF AUTHORIZED REPRESENTATIVE)

TITLE

DATE

TO BE COMPLETED BY PRODUCER(S) ONLY:

<b>RETAIL PRODUCER:</b> Producer Name: City, State: Telephone No.:		<b>WHOLESALE PRODUCER:</b> Producer Name: City, State: Telephone No.:	
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BROKER/AGENT SIGNATURE (NEW HAMPSHIRE): \_\_\_\_\_

**NOTICE TO ALABAMA APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 KANSAS APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF, AN INSURANCE POLICY OR STATEMENT OF CLAIM OR ANY WRITTEN STATEMENT 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 PENALTIES.

**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 MAINE 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 OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR 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 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 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.

**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 OREGON APPLICANTS:**

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

IN ORDER FOR US TO DENY A CLAIM ON THE BASIS OF MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART, WE MUST SHOW THAT:

- A. THE MISINFORMATION IS MATERIAL TO THE CONTENT OF THE POLICY;
- B. WE RELIED UPON THE MISINFORMATION; AND
- C. THE INFORMATION WAS EITHER:
  - 1. MATERIAL TO THE RISK ASSUMED BY US; OR
  - 2. PROVIDED FRAUDULENTLY.

FOR REMEDIES OTHER THAN THE DENIAL OF A CLAIM, MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART MUST EITHER BE FRAUDULENT OR MATERIAL TO OUR INTERESTS.

WITH REGARD TO FIRE INSURANCE, IN ORDER TO TRIGGER THE RIGHT TO REMEDY, MATERIAL MISREPRESENTATIONS MUST BE WILLFUL OR INTENTIONAL.

MISSTATEMENTS, MISREPRESENTATIONS, OMISSIONS OR CONCEALMENTS ON YOUR PART ARE NOT FRAUDULENT UNLESS THEY ARE MADE WITH THE INTENT TO KNOWINGLY DEFRAUD.

**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 DOLLARS (\$5,000) AND NOT MORE THAN TEN THOUSAND DOLLARS (\$10,000), OR A FIXED TERM OF IMPRISONMENT FOR THREE (3) YEARS, OR BOTH PENALTIES. SHOULD AGGRAVATING CIRCUMSTANCES BE 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 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.