

Media Advantage Policy[®] Film, Program and Theatrical Producer 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[®], Endorsements 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 _				Expira	tion Dat	te					
Advise of any of	changes to	the Named	Insured's	address,	phone	number,	fax c	or e-mail	address	or	other

contact information:

2. Advise of any changes or revisions to the "Scheduled Media":

If Insured is a distributor of Scheduled Media, provide a current list of films, videos, CDs, DVDs, etc., being distributed.

4. Gross Annual Revenues from Schedule Media:

United States:	\$
Canada:	\$
International:	\$

5. Claim Information

Has the 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.

6. Other Information

Advise of any other changes that have occurred since the preceding Application that might affect this coverage (provide copies of new broadcast or distribution contracts requiring coverage for the licensing rights period): _____

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 Principa	1)						
Signature	Date						
If this is your first submission to First Media, please complete the following:							
Agency/Producer	License No.						
Agency	_ Agency Tax Payer I.D						
Address	_ City and State/Province						
Zip/Postal Code Telephone	e Fax						