



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® Renewal Insurance 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 _____ Expiration Date _____

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

2. Business Operations — Please advise of any new media operations, including any mergers or divestments, and how such changes effect revenues: _____

Gross Annual Revenue: \$_____ . Please attach current financial statement or annual report.

3. 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.

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

4. Other Information

Please advise of any other important changes from the original Application: _____

Fraud Warning

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing materially false information, or

conceals information for the purpose of creating a false or misleading impression regarding any material fact has committed a fraudulent insurance act, which is a crime in many jurisdictions, and may be subject to criminal prosecution, the payment of civil fines and imprisonment.

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 _____