

**First Media**

A Division of OneBeacon Professional Partners  
1-800-753-7545 • 913-384-4800 • Fax — 913-384-4822



**Media Advantage Policy<sup>®</sup> 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 \_\_\_\_\_

# ExecutivePerils

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