



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

Advertiser Advantage Policy[®] 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 Advertiser 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 liability 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 _____

Advertising Information

Annual Gross Advertising Budget:	United States:	\$ _____
	Canada:	\$ _____
	International:	\$ _____

Advise of any changes in advertising: _____

2. Claim Information

Has any Insured been involved in a lawsuit or claim, which has not yet been reported to the **Company**, arising from advertising activities? 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 have not yet been reported.

3. Other Information

Advise of any 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 _____

If this is your first submission to First Media, please complete the following:

Name _____ License No. _____ Exp. Date _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Phone _____ Fax _____

E-Mail _____