



Hiscox Insurance Company Inc.

Multimedia Renewal Application

Notice: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs , and may be completely exhausted by such amounts. We shall not be liable for defense costs or for the amount of any judgement or settlement after exhaustion of the policy limit. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Section 1 – Your business

1. Name of applicant: []
Address: []
Zip code: []
Telephone: [] Email: []
When was your business established? []

Your website(s)

2. a. Please list all website addresses for which you seek coverage: []
b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any web log, online journal, online diary, or online chat room? Yes [] No []
c. Is all third party material subject to your standard editorial checking procedures prior to posting on your websites? Yes [] No []
If No, please provide details: []
d. Please provide details of your complaints and take-down procedures: []

Your gross revenue

3. Please provide your gross revenue, including fee income and where it comes from in the tables below:
a. Table with columns: Past year ending, Current year, Estimate for coming year. Rows: Total gross revenue including fee income.
b. Table with columns: Past year ending, Current year, Estimate for coming year. Rows: United States of America, Rest of the world.



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Section 2 – Publishers

Please complete this section if you undertake any publishing activities

Your publishing activities

4. a. For all **new** newspapers/magazines you publish, please fill out the table below including ‘frequency of publication’ (e.g. daily, weekly, bi-weekly, bi-monthly, monthly, quarterly, annual) and “circulation area” (e.g. international, national, regional, metro, community, etc.). Continue on a separate sheet if necessary.

Name and type of publication	Nature of content	Frequency of publication	Average circulation	Circulation area

- b. For all books published by you please provide a percentage split of your revenues as follows:

Genre	Percentage of revenue	Genre	Percentage of revenue
Children’s	%	Personal betterment	%
Educational	%	Political commentary	%
Business (legal/financial)	%	By or about celebrities	%
Medical	%	Technical	%
Investigative/exposé	%	Religious	%
Biography and autobiography	%	How to	%
Other non-fiction	%	Law	%
Fiction	%	Hobbyist	%
Other - please specify:			%

Please attach a copy of your current book catalogue to this proposal form.

- c. For all the books published by you, please provide a percentage split between original titles and reprints:

Original titles: % Reprints: %

Section 3 – Broadcasters

Please complete this section if you undertake any broadcasting activities

Your broadcasting activities

5. a. For all **new** broadcast stations, please fill out the table below. Please continue on a separate sheet if necessary:

Name of station (call letters)	Medium of broadcast	Hours of broadcast per week	Peak audience figure	Geographical market	Nature of broadcast

- b. For your **new** broadcast stations, please advise the percentage of your total broadcasting time dedicated to the applicable genres:

i. News originated by you %

ii. Programming where the content is supplied by a third party %



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- iii. Current affairs/investigative reporting %
- iv. Discussion/phone-ins/live/unscripted %

6. Please describe all your original programming other than news:

7. Do you have any on air personalities/DJ considered a 'shock jock'? Yes No

If Yes, please list their name(s) and describe the format of the show(s):

Section 4 – Risk management procedures

Editorial and legal review

8. a. Please describe any changes to your legal or editorial review procedures of articles, broadcasts, or other communication prior to release:

b. If changed, please provide the information below for law firms and attorneys you use for pre-dissemination advice regarding potential liabilities arising out of newsgathering or out of the publication or broadcast of material.

Name of firm(s):

Principal contact(s):

Years of experience in libel and/or intellectual property law:

Law firm years In-house counsel years

Approximate number of hours billed per month:

9. Please describe any changes to your policy and practice regarding hold harmless or indemnity agreements with non-employed contributors:



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Section 5 – General matters

Optional coverage 10. Do you desire coverage for commercial printing you do for others? Yes [] No []
If Yes, what is the gross annual income derived from commercial printing operation? \$ []

Other services for clients 11. Do you provide any other services to third parties for which you would like us to consider providing cover? Yes [] No []
If Yes, please provide details: []

Claims representation 12. a. Have you or your subsidiaries been sued or threatened with suit arising out of the content of any material published and/or broadcast by you or otherwise that fall within the scope of proposed coverage, which has not been reported to us? Yes [] No []
If Yes, please provide full details: []

Subpoena representation b. In the past year, how many subpoenas have been served on you seeking documents or information obtained in the course of your media activities? []
Of these, how many times have you challenged the subpoena by filing a motion in court? []

Supplemental information Please attach the following additional information:

- One copy of each new publication if not available on-line for viewing
• Current financial statements

Representation

I represent that this application form has been completed after proper inquiry and, based on this inquiry, I represent the application contents are true, accurate, and not misleading.
I represent that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.
I represent that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.
I represent that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.
I represent that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.



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NOTICE TO ALASKA RESIDENT APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS RESIDENT 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 may be guilty of a crime and subject to fines and confinement in prison.

NOTICE TO CALIFORNIA RESIDENT APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO RESIDENT 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 policy holder 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 DELAWARE RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA RESIDENT 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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company 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 HAWAII RESIDENT APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

NOTICE TO IDAHO RESIDENT APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENT APPLICANTS: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud an 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.

NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

NOTICE TO MINNESOTA RESIDENT APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEBRASKA RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEVADA RESIDENT APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.



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NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false , incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY RESIDENT 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 RESIDENT APPLICANTS: Any person who 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 RESIDENT APPLICANTS: Any persons who knowingly and with the 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 RESIDENT APPLICANTS: Any person who, with the 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 RESIDENT APPLICANTS: WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n 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.

NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

NOTICE TO UTAH RESIDENT APPLICANTS: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA RESIDENT 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.

NOTICE TO WASHINGTON RESIDENT APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA RESIDENT 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.

Signature

Date (mm/dd/yyyy)

Title:

Agent's License Number:



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Agent's Name:

A copy of this application should be retained for your records.