

ADVERTISER LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.

1. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation, and changes - refer to specimen policy.**

Street Address

City, State, Zip Code Telephone Number

Web Site Address(es)

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?
 Yes No If yes, please attach a list of entities for which coverage is desired.
NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____
B. Geographic area in which applicant operates:
___ Local ___ Regional (multi-state) ___ National ___ International

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
 Yes No
B. Does applicant wholly or partially own, operate, manage, or control any other businesses or entity(ies) not previously listed in Question 1 or 2?
 Yes No
If 4.A. or 4.B. are answered yes, provide complete details:

5. Within the past five years, has applicant:

A. Changed name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Changed ownership structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Purchased or acquired another entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Merged or consolidated operations with another entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

6. Describe the nature of applicant's business and the types of products or services applicant provides:

ADVERTISING

7. List advertising agency(ies) used:

8. Please check the appropriate box for each of the following:

	Yes	No
A. Does applicant operate an in-house advertising agency?	<input type="checkbox"/>	<input type="checkbox"/>
B. Does applicant engage in comparative advertising?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are written hold harmless or indemnity agreements required from advertising agencies and the media?	<input type="checkbox"/>	<input type="checkbox"/>
D. Are advertising agencies and the media required to provide evidence of insurance as respects such hold harmless or indemnity agreements?	<input type="checkbox"/>	<input type="checkbox"/>
E. If employees make creative contributions to advertising, are written releases obtained from them?	<input type="checkbox"/>	<input type="checkbox"/>

ADVERTISING (cont'd)

F. Has applicant been cited by any regulatory agency for violations arising out of its advertising activities? Yes No
If yes, explain below:

9. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

FINANCIAL INFORMATION

10. A. Estimated total gross operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales, fees, commissions or expenditures (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales, fees, commissions or expenditures (circle the applicable basis)	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including all advertising entities or operations to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross advertising expenditures	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross advertising expenditures	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____

11. Estimated assets of all of applicant's operations: \$ _____
Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

12. Provide the approximate percentage of advertising expenditures in the following media:

Radio	_____%	Magazines	_____%
Television	_____%	Catalog/mail order	_____%
Newspapers	_____%	Internet	_____%
Other (specify) _____	_____%		

13. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title or slogan; plagiarism, piracy or misappropriation of ideas under implied contract or any other act arising out of matter disseminated or exhibited in advertising of any kind or arising from Internet activities?

Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

14. During the past three years, has any similar insurance been issued to applicant?

Yes No If yes, complete the following:

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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15. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)

Yes No If yes, give details. Add attachment if needed.

16. Policy limit required:

\$ _____

17. Self-insured retention:

\$ _____

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

ANY PERSON WHO KNOWINGLY AND WITH 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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)


Name _____
(signature of authorized representative)

Title _____

Date _____

To complete this application, please submit:

- Advertising materials about applicant's operation
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization

 **Media/Professional Insurance**
A division of Financial & Professional Risk Solutions, Inc.
Two Pershing Square, Suite 800 2300 Main Street
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile (816) 471-6119
www.mediaprof.com
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Agent or Broker:

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