

APPLICATION FOR MEDIA SPECIAL PERILS EXCESS INSURANCE

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

Underwriting Manager: **MEDIA/PROFESSIONAL INSURANCE**
a division of Financial & Professional Risk Solutions, Inc.
Two Pershing Square
2300 Main Street, Suite 800
Kansas City, Missouri 64108-2404
Telephone (816) 471-6118 Fax (816) 471-6119

Instructions: Please be sure to complete all questions and provide all requested attachments. Thank you for taking the time to provide us with accurate information.

Attach:

- A. Complete copy of primary policy;
 - B. Copy of the primary policy application;
 - C. Company brochure or list of current book titles, broadcasting stations, films, media activities, etc.;
 - D. Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
-

1. Name of Proposed Insured (Specify the complete name to be stated on your policy, if issued):

2. Street Address, City, State, Zip Code, Telephone Number:

_____ Street

_____ City, State, Zip Code

_____ Telephone Number

3. Date founded: _____

Operations:

4. Briefly describe your media activities. (Attach supplement if space is insufficient.)

Complete the following as applicable:

A. Book Publishing

Types of books published (please provide approximate percentage for each of the following categories).

- | | | |
|--|---------------------------|--|
| _____ Textbooks | _____ "Managed" textbooks | _____ Children's |
| _____ How-to-do-it | _____ Technical | _____ History, biography |
| _____ Current biography, autobiography | _____ Religious | _____ Investigative reporting, exposes |
| _____ Social, political commentary | _____ Classics | _____ Celebrity |
| _____ Fiction | _____ Poetry | _____ Other (Describe) |

B. Newspaper Publishing

Name	Location						Average Circulation	Frequency of Circulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International	National	Rural	Suburban	Metro	Regional	Campus	Controlled Circulation	Other

C. Magazine Publisher

Name	Location						Average Circulation	Frequency of Circulation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International	National	Rural	Suburban	Metro	Regional	Campus	Controlled Circulation	Other

D. Broadcasting and Telecasting

Call Letters	AM/FM TV	Location (City & State)	Percentage Simulcast	First Air Date	Radio-Highest 60-Second Advertising	TV-Highest Hourly Program Rate
--------------	----------	-------------------------	----------------------	----------------	-------------------------------------	--------------------------------

E. Cablecasting

Name of System

Location
(City & State)

Number of Subscribers

1. Market classification _____

2. Does system originate any programming? ____ Yes ____ No

3. If yes, please provide the following information:

Type

Number of hours per week

Gross receipts derived
from syndication

F. Program & Film Production

1. Describe type of productions:

2. Describe any distribution or licensing activities:

G. Advertiser

1. Describe the nature of your business and the types of products or services rendered:

2. Does applicant firm engage in comparative advertising? ____Yes ____ No

3. Estimated advertising expenditures for the current fiscal year:

Domestic: _____

Foreign: _____

Total: _____

H. Advertising Agency

1. List five largest clients:

 2. Is applicant firm a "full service" advertising agency? ____Yes ____ No If no, state area of specialization.

 3. Specify approximate percent of foreign advertising: _____%
 4. Attach a copy of standard contract with clients.
 5. Gross Annual Capitalized Billings: _____
 6. Gross Annual Income: _____
-

I. Miscellaneous

Other published materials (i.e., Internet, world wide web and other on-line material, charts, graphs, maps, audio-visual aids, greeting cards, posters, brochures, etc.):

Type	Gross sales or annual budget
------	------------------------------

Printing for third parties:

Type	Gross receipts
------	----------------

5. Financial information

A. Gross annual sales derived from each of the following. (Please provide annual budget if non-profit.)

Book publishing _____	Broadcasting and telecasting _____
Newspaper publishing _____	Cablecasting _____
Magazine publishing _____	Film & Program production _____
Miscellaneous _____	Total _____

B. Gross annual sales (or budgets) for media activities:

_____ United States & Canada _____ Foreign _____ Total

Legal Procedures

6. A. Provide description of standard procedures for checking accuracy and originality of content.

B. Name of counsel _____

C. Years of experience in media law _____

D. Approximate percentage of all media for which the Insured is indemnified by another party _____%

E. Does Insured require indemnitor to carry similar media or errors and omissions insurance? Yes No

Claim Information

7. Has any actual or threatened claim or suit been made against the 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, error or omission arising out of matter published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised? Yes No If yes, provide details.
Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement and final disposition of the claim.

Previous Coverage

8. A. Please provide the following information for similar insurance, if any, carried during the last five years. Include any coverage which may be directly related or respond in part to the exposure.

Company	Policy No.	Limit	Deductible	Premium	Period
---------	------------	-------	------------	---------	--------

B. Has any application for similar insurance made on behalf of the applicant or any of its predecessors in business or present partners, owners, officers, sales personnel or employees ever been declined or has any such insurance ever been cancelled or renewal refused? Yes No If yes, please give details. Not applicable in Missouri.

Underlying Coverage

9. List all underlying carriers and their limits in order of attachments:

	Underlying Carrier	Limit	Deductible	Premium
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

10. Total limits applicant intends to purchase: _____

11. Limits applicant desires under this policy: _____

NOTE: COSTS OF LEGAL DEFENSE MAY BE INCLUDED IN THE POLICY WITHIN THE LIMITS OF LIABILITY BY ENDORSEMENT. IF SUCH COVERAGE IS INCLUDED, THE LIMITS OF LIABILITY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY CLAIM EXPENSES AND, IN SUCH EVENT, THE COMPANY SHALL NOT BE LIABLE FOR CLAIM EXPENSES OR FOR DAMAGES TO THE EXTENT THAT CLAIM EXPENSES OR DAMAGES EXCEED THE LIMITS OF LIABILITY STATED IN THE DECLARATIONS OF THE POLICY.

Applicant hereby warrants and represents that the statements and answers made above and in attachments hereto are true and applicant has not omitted or misrepresented any information. THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES. All attachments are incorporated as part of this application.

WARNING

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.

Date

Signed by Authorized Representative

Title

Is premium financing required? _____

AGENT OR BROKER:
LICENSE NUMBER:
ADDRESS, ZIP CODE:
TELEPHONE NUMBER: