



**BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. ("Insurer")**

**NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE INSURER BE LIABLE FOR "DEFENSE COSTS" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

1. Whenever used in this Application, the term "**Applicant**" shall mean the Company and its subsidiaries.
2. Provide a complete response to all questions and attach additional pages as needed.

**I. APPLICATION INFORMATION:**

1. Please attach a copy of the following for every **Applicant** seeking coverage:
  - Standard client contract for advertising activities;
  - Standard client contract for web site design/development activities;
  - Client list;
  - Standard release forms;
  - Financial statements;
  - Promotional material describing the firm; and
  - Any general information that would be helpful in evaluating the **Applicant**.

2. Name of **Applicant**: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. COVERAGE DESIRED:**

1. Limits of Liability desired:  
 Each Claim or Related Claims: \$ \_\_\_\_\_  
 Aggregate for all Claims: \$ \_\_\_\_\_
2. Retention desired for each Claim or Related Claims:  
 \$5,000     \$10,000     \$25,000     \$50,000     Other: \$ \_\_\_\_\_



**III. GENERAL INFORMATION:**

1. The **Applicant** is:

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Non-profit      |
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Privately Held  |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Publicly Traded |
| <input type="checkbox"/> Other: _____ |  |

2. Year established: \_\_\_\_\_

3. Please indicate the total annual gross capitalized billings and gross revenues/fees derived from advertising activities during the previous year, and the projected gross capitalized billings derived from advertising activities for the current year:

	Billings	Revenues
Last year?	_____	_____
Current year (projected)?	_____	_____

4. Does the **Applicant** engage in foreign advertising?  Yes  No

If "Yes," specify locations and approximate percentage of gross billings from foreign advertising.  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Approximate percentage of billings from the following activities:

- Public relations consulting: \_\_\_\_\_
- Publishing: \_\_\_\_\_
- Production of films, radio & TV programs: \_\_\_\_\_
- Photo service: \_\_\_\_\_
- Mail order or catalog sales: \_\_\_\_\_
- Broadcasting: \_\_\_\_\_
- Package design: \_\_\_\_\_
- Music service: \_\_\_\_\_
- Web site design/development: \_\_\_\_\_
- Web hosting: \_\_\_\_\_
- Direct marketing: \_\_\_\_\_

Please provide details: \_\_\_\_\_  
 \_\_\_\_\_

6. Does the **Applicant** engage in any of the following activities?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Developing product names?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Package design?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Market research?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Product testing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Printing services?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Developing promotions, sweepstakes, contests or games for clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comparative advertising?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If "Yes," please provide details: \_\_\_\_\_  
 \_\_\_\_\_



7. What percentage (%) of the content of advertising is supplied by stringers, freelancers or other non-employees?  
 \_\_\_\_\_%
8. Please describe the **Applicant's** policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement.  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the **Applicant** develop trademarks?  Yes  No  
 If "Yes," please provide the approximate number of trademarks developed per year: \_\_\_\_\_
10. Does the **Applicant** perform trademark searches?  Yes  No  
 If "Yes," please describe procedures:  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Does the **Applicant** obtain outside counsel to review advertising material for copyright, trademark and related issues?  Yes  No  
 Please provide a detailed description of the **Applicant's** legal review and clearance procedures:  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Does the **Applicant** obtain written releases with respect to creative material from the following:  
 Employees?  Yes  No  
 Models?  Yes  No  
 Freelance photographers, writers, composers, artists, and musicians?  Yes  No  
 Non-professional persons appearing in commercials or advertisements?  Yes  No

**IV. OTHER INSURANCE INFORMATION:**

1. Does the **Applicant** currently maintain a media liability insurance policy?  Yes  No  
 If "Yes," please provide the following information.  
 Name of insurer: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_  
 Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_  
 Length of time coverage has been continuously in force: \_\_\_\_\_
2. **MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER THIS QUESTION.**  
 Has any media liability insurance for the **Applicant** ever been declined or canceled?  Yes  No  
 If "Yes," please attach an explanation.



3. Does the **Applicant** maintain a comprehensive general liability policy?  Yes  No

If "Yes," please provide the following information.

Name of insurer: \_\_\_\_\_

Policy Period: \_\_\_\_\_ Limit: \_\_\_\_\_

Is personal injury coverage included?  Yes  No

Is product liability coverage included?  Yes  No

**V. LEGAL REVIEW:**

1. Please provide the name, address, and telephone number of the **Applicant's** in-house legal counsel:

\_\_\_\_\_

2. Does the **Applicant** retain outside counsel for advice regarding potential liabilities arising out of the dissemination of advertising material?  Yes  No

If "Yes," please provide the following information.

Name of firm: \_\_\_\_\_

Principal contact: \_\_\_\_\_

Approximate number of hours billed per month: \_\_\_\_\_

3. Please describe the **Applicant's** policy and practice regarding legal review of advertising materials prior to dissemination. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

4. In the past ten (10) years, has the **Applicant** been sued or threatened with suit for any act, error, or omission relating to the gathering or communicating of information, including but not limited to libel, slander, any form of invasion of privacy or appropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry or trespass?  Yes  No

If "Yes," please describe in detail the circumstances of each suit or threat of suit, including the identity of the claimant; the factual and legal basis for the claim; and the disposition, including the dollar amount of any defense expenses, settlements and judgments.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. REPRESENTATION: PRIOR KNOWLEDGE OF ACTS/CIRCUMSTANCES/SITUATIONS:**

1. No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE \_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



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Without prejudice to any other rights and remedies of the Insurer, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Insurer.

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#### **VII. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Insurer in writing, and any outstanding quotation may be modified or withdrawn.

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#### **VIII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

The **Applicant's** submission of this Application does not obligate the Insurer to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Insurer to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Insurer will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any policy of a Claim or potential Claim.

**Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado 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 policy holder 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 of District of Columbia, Maine, Tennessee and Virginia 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 may include imprisonment, fines or a denial of insurance benefits.

**Notice to Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony (in Oklahoma) or a felony of the third degree (in Florida).

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**Chubb Group of Insurance Companies**  
 15 Mountain View Rd.  
 Warren, NJ 07059

**MULTIMEDIA<sup>SM</sup> LIABILITY**  
**Application for Advertising Agencies**

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania and New York Applicants:** 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial Officer</u>

\*This Application must be signed by the chief executive officer and chief financial officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Produced By: Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Submitted By: Agency: \_\_\_\_\_

Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_