



**APPLICATION FOR
MULTIMEDIA LIABILITY INSURANCE POLICY**

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE EXPENSES." "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. NOTICE: THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS FROM THAT AFFORDED BY OTHER POLICIES. PLEASE READ THE ENTIRE POLICY CAREFULLY.

1. Name of Applicant: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____ Fax: _____

COVERAGE DESIRED

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

GENERAL INFORMATION

4. The Applicant is: Individual Non-profit
 Corporation Privately Held
 Partnership Publicly Traded
 Other: _____
5. Year established: _____
6. Covered Media:
- a. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation, and geographical market served:

Publication	Frequency	Circulation	Geographical Market

- b. Please list all broadcast or cable stations for which coverage is sought and provide the number of subscribers (for cable stations), the highest sixty (60) second advertising rate (for broadcast stations) and the geographical market served, and the station format.

Station	Subscribers/Advertising Rate	Geographical Market	Format

- c. Please list or describe all other communications or other media activities for which coverage is sought.

7. What are the total annual revenues generated by all of the Covered Media for:

Last year? _____

Current year (projected)? _____

8. Are any Covered Media published, broadcast, or otherwise communicated in a language other than English? Yes No
 If "Yes," please identify such Covered Media and the language used.

a. _____

b. _____

c. _____

d. _____

OTHER INSURANCE INFORMATION

9. 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: _____

10. **MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER THIS QUESTION.**

Has any media liability insurance for the **Applicant** or any Covered Media ever been declined or canceled?

Yes No

If "Yes," please attach an explanation.

11. 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

MEDIA OPERATIONS INFORMATION

12. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers or other non-employees? _____%

13. 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.

14. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? _____%

15. Does the **Applicant** engage in any of the following newsgathering practices with respect to any of the Covered Media?

Hidden cameras/microphones: Yes No

"Ride alongs": Yes No

Reliance on anonymous sources: Yes No

"Undercover" investigations: Yes No

16. If the **Applicant** answered "Yes" to any of the items in question 15, please describe the **Applicant's** policy and practice governing the use of such techniques.

17. Please describe the **Applicant's** policy and practice regarding the processing of and response to requests for retraction.

18. Does the **Applicant** enter into indemnification or hold harmless agreements favoring third parties to whom the **Applicant** supplies content for publication or broadcast? Yes No
If "Yes," please describe the **Applicant's** policy and practice regarding the entry into such agreements and attach a sample copy of a standard agreement.

19. Does the **Applicant** engage in any live programming? Yes No
If "Yes," please describe the type of delay device utilized and the **Applicant's** policy and practice regarding the use of such device.

LEGAL REVIEW

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

21. Does the **Applicant** retain outside counsel for advice regarding potential liabilities arising out of the publication or broadcast of material? Yes No

If "Yes," please provide the following information.

Name of firm: _____

Principal contact: _____

Approximate number of hours billed per month: _____

22. Please describe the **Applicant's** policy and practice regarding legal review of articles, broadcasts, or other communications prior to publication.

LOSS HISTORY

23. 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.

24. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error, or omission relating to the gathering or communicating of matter which might reasonably be expected to give rise to a claim against any proposed insured? Yes No
 If "Yes," please provide full details.

Without prejudice to any other rights and remedies of the Underwriter, any claim arising from any claims, facts, circumstances or situations required to be disclosed in response to questions 23 and 24 above is excluded from the proposed insurance.

ATTACHMENTS

25. To complete the application, please attach the following:

- Current financial statements
- One copy of each covered publication
- Copy of current rate cards for covered broadcast stations
- If in business for less than three (3) years, resumes for all principals

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE COMPANY IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE COMPANY AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE COMPANY, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

- (A) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF "DEFENSE EXPENSES" AND, IN SUCH EVENT, THE COMPANY WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE "DEFENSE EXPENSES" OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND**
- (B) "DEFENSE EXPENSES" WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION.**

NOTICE TO ARKANSAS, MINNESOTA, 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 OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME.

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 TO DISTRICT OF COLUMBIA, MAINE 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 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 OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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 FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MARYLAND 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 OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

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.

NOTICE TO 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.

NOTICE TO OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT		
BY (<i>President and/or Executive Director</i>)	TITLE	DATE

NOTE: This Application is signed by the President and/or Executive Director of the **Applicant** acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.

REQUIRED INFORMATION

PRODUCED BY (<i>Insurance Agent</i>)		INSURANCE AGENCY
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.		AGENT LICENSE NO.
ADDRESS (<i>No. and Street</i>)		
ADDRESS (<i>City</i>)	(<i>State</i>)	(<i>ZIP</i>)
EMAIL ADDRESS		
SUBMITTED BY (<i>Insurance Agency</i>)		INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.
AGENT LICENSE NO.		
ADDRESS (<i>No. and Street</i>)		
ADDRESS (<i>City</i>)	(<i>State</i>)	(<i>ZIP</i>)