



NOTICE

WITH RESPECT TO ALL COVERAGE PARTS, THE POLICY YOU ARE APPLYING FOR IS AN OCCURRENCE POLICY, AND SUBJECT TO ITS PROVISIONS.

DEFENSE COSTS, AS WELL AS ANY LOSSES AS DEFINED IN EACH APPLICABLE COVERAGE PART, REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read this application carefully. Complete and submit all requested information and attachments for those Coverage Parts you have checked (X) below. Note: All information and submitted materials shall be held in confidence.

The Applicant is applying for the following coverage:

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<input type="checkbox"/> Advertising Agency Services	Part II	3
<input type="checkbox"/> Newspaper/Magazine/Book Publishers Liability	Part III	4
<input type="checkbox"/> Broadcasters Liability	Part IV	5
TOTAL NUMBER OF APPLICATION PAGES:	All Parts (including Parts I thru V)	6

PART I – GENERAL QUESTIONS

Must be completed by Applicant

I. GENERAL INFORMATION

1. a. Name of the Applicant and all Subsidiaries that are applying for Insurance:

\_\_\_\_\_

b. Street Address (no P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ Years in Business \_\_\_\_

II. BACKGROUND INFORMATION

1. Proposed effective date of coverage being applied for: \_\_\_\_\_

2. Officer designated to receive correspondence and notices from the Insurer:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. With in the past 5 years has the applicant ever changed its name? Yes  No

If yes, please provide details: \_\_\_\_\_

4. During the next 12 months, does the Applicant or any Subsidiary:

a. plan on transacting any mergers, acquisitions or consolidation? Yes  No

b. anticipate any changes in the nature or size of the Applicant's business or services? Yes  No

If yes to any of the above, please provide details: \_\_\_\_\_



III. INTERNAL CONTROLS INFORMATION

- 1. Within the last 24 months, has the Applicant's or any Subsidiaries' outside auditors:
  - a. stated that there are any weaknesses in the Applicant's or any Subsidiaries' system of internal controls? Yes  No
  - b. rendered a "going concern" opinion? Yes  No

IV. EXPIRING COVERAGE INFORMATION

1. Please provide details about your current and previous insurance.

	Limit	Retention	Premium	Carrier	Expiration Date
<b>Current</b>	\$	\$	\$		
<b>Previous Yr</b>	\$	\$	\$		
<b>Previous Yr</b>	\$	\$	\$		
<b>Previous Yr</b>	\$	\$	\$		

Does your existing policy contain an  Occurrence or  Claims Made trigger?

V. CLAIMS INFORMATION

- 1. Has any claim or notice of potential claim been given to the carrier under any of the above coverages? Yes  No   
If yes, please provide details: \_\_\_\_\_
- 2. Has the carrier under any of the coverages listed above indicated intent not to offer renewal terms? Yes  No
- 3. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for whom this insurance is being sought, been the subject of or involved in any claim, written demand, notice, proceeding or litigation alleging:
  - a. Libel, slander or other forms of defamation? Yes  No
  - b. Invasion or infringement of the right of privacy or publicity? Yes  No
  - c. Infringement of title, slogan, trademark, trade name, trade dress, service mark or service name? Yes  No
  - d. Infringement of copyright, plagiarism, piracy or misappropriation of ideas under implied contract? Yes  No
  - e. Unfair competition or any other act error or omission in providing your advertising, publishing or broadcasting services? Yes  No
- 4. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for which this insurance is being sought been the subject of disciplinary action by a regulatory agency or associations? Yes  No
- 5. Within the last 3 years, has the Applicant, any Subsidiary or any person associated with such entities for which this insurance is being sought been the subject of action where a license was revoked or suspended? Yes  No   
If yes to any of the above, please provide details: \_\_\_\_\_

NOTICE

Providing information about a claim or potential claim in response to any question in any Part of this Application does not create coverage for such claim or potential claim. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or to report any act, omission or circumstance which Applicant is aware of which may give rise to a claim, before the expiration of the current policy may create a lack of coverage.



PART II
ADVERTISING AGENCY SERVICES

To be completed only if Applicant is seeking coverage for advertising agency services

1. Please apply the percentage of revenue that is derived from the following services:

Table with 4 columns: Advertising Placement, Literary Agent, Package Design, Public Relations, Branding, Market Research, Product Design, Trademark Design, Contest/Promotion/Coupons, Merchandising, Product Testing, Video/Film Production, Catalog/Direct Mail Services, Music Composition, Printing, Website Design, and Other, please specify.

2. How much revenue is generated from providing advertising services to the following industries?

Alcohol, Tobacco, Firearms, Health Care

3. Please provide the total gross revenues for the years listed below that are derived from your advertising agent services:

Table with 3 columns: Projected Fiscal Year, Current Fiscal Year, Last Fiscal Year

What percentage of your gross revenues can be considered pass thru costs? %

- 4. Does the Applicant or any Subsidiary use independent contractors such as freelance photographers, models, writer's composers, artists, musicians or website developers to help fulfill their advertising agent services? Yes No
If yes, does the Applicant and all Subsidiaries obtain written releases with respect to the creative material or talent that they provide? Yes No

5. Legal/Clearance Procedures:

- a. Does the Applicant and all Subsidiaries have legal/clearance procedures for media content? Yes No
b. Is one person responsible for the oversight of legal, clearance procedures? Yes No
If yes, what are the title and qualifications of this person?
c. Does the Applicant and all Subsidiaries conduct fact checking on the content the applicant originates? Yes No
d. Does the Applicant and all Subsidiaries receive approval from the client prior to disseminating content on their behalf? Yes No
e. Does the Applicant and all Subsidiaries conduct regular education of employees on avoiding content related claims? Yes No
f. Does the Applicant and all Subsidiaries have a written policy regarding the posting of content on applicant's website? Yes No
g. Does the Applicant all Subsidiaries require media counsel, either in house or outside to review all content before it's disseminated? Yes No

- 6. Does the Applicant and all Subsidiaries use a written contract with all of their clients? Yes No
a. Does an attorney review such contracts or agreements prior to use? Yes No
b. Does the standard contract or agreement contain a limitation of liability clause? Yes No
c. Does anyone other than a principal have the authority to amend the standard contract? Yes No
d. Does the contract have hold harmless, indemnification wording in favor of the Applicant? Yes No

Please attach the following for the Applicant:

- Sample contract used with clients and independent contractors
Resume or Bio's for key principals if you have been in business less than 3 years.
Financial statements if you are requesting a limit of liability greater than \$1Million.



PART III
NEWSPAPER/MAGAZINE/BOOK PUBLISHERS LIABILITY
To be completed only if Applicant is seeking Newspaper/Magazine Liability Coverage

1. List all of the publications that the applicant wishes to have coverage for:

Table with 4 columns: Name of Publication, Location, Average Circulation, Frequency of Circulation

2. Please explain the type of content that you are publishing:

3. In which geographical areas do you operate in? Local [ ] Regional [ ] National [ ] International [ ]

4. Please check the boxes that apply to your circulation area Rural [ ] Suburban [ ] Metro [ ] Shopper [ ] Internet [ ]

5. Does the Applicant or Subsidiary print, publish or distribute content or material on behalf of others? Yes [ ] No [ ]
If yes, please explain:

6. Please provide the total gross revenues for the years listed below that are derived from your publishing services:

Table with 3 columns: Projected Fiscal Year, Current Fiscal Year, Last Fiscal Year

7. Does the Applicant or any Subsidiary use independent contractors such as authors, freelancers, website developers, graphic designers, and photographers to create content on their behalf? Yes [ ] No [ ]

If yes, does the Applicant and all Subsidiaries obtain written release with respect to the creative material or talent that they provide? Yes [ ] No [ ]

8. Legal/Clearance Procedures

- a. Does the Applicant and all Subsidiaries use media counsel for media law issues, including content review, editorial procedures and complaint handling? Yes [ ] No [ ]
b. Are editors familiar with the current media law? Yes [ ] No [ ]
c. Are letter to the editor edited? Yes [ ] No [ ]
d. Are written hold harmless indemnity agreement executed with advertisers and advertising agencies? Yes [ ] No [ ]
e. Does the Applicant or any Subsidiary engage in "investigative" reporting? Yes [ ] No [ ]
f. Does the Applicant or any Subsidiary maintain written retraction or complaint resolution procedures? Yes [ ] No [ ]

Please attach the following for the Applicant or Subsidiary:

Sample contract used with independent contractors that create content on your behalf.

Sample publishing agreement if the Applicant prints, publishes or distributes content for others.

Resume or Bio's for key principals if you have been in business less than 3 years.

Financial statements if you are requesting a limit of liability greater than \$1Million.

## PART IV BROADCASTERS LIABILITY COVERAGE

*To be completed only if Applicant is coverage for broadcasters liability coverage*

1. List all of the Radio Stations that are owned or operated by the Applicant or Subsidiary:

Call Letters	Location	Format	Simulcast Percentage

Please list all of the TV Stations that are owned or operated by the Applicant or Subsidiary:

Call Letters	Location	Format	If cable, number of subscribers

2. In which geographical areas do you operate in?    Local     Regional     National     International

Please provide the total gross revenues for the years listed below that are derived from your broadcasting activities:

3.

Projected Fiscal Year	Current Fiscal Year	Last Fiscal Year
\$ _____	\$ _____	\$ _____

4. **Legal/Clearance Procedures:**

- a. Does the Applicant and all Subsidiaries use media counsel for media law issues, including content review, editorial procedures and complain handling? Yes     No
- b. If the Applicant or Subsidiaries uses outside counsel, what is the name of the firm and their experience in media law? \_\_\_\_\_
- c. Are "On Air" employees familiar with the current libel law? Yes     No
- d. Are delay devices utilized for live programming? Yes     No
- e. Do news reporters engage in investigative, undercover or action reporting? Yes     No
- f. Does the Applicant or any Subsidiary air any controversial or "shocking" programming? Yes     No
- g. Does the Applicant or any Subsidiary produce any programming or content for stations that are not owned or operated by them? If yes please explain: Yes     No
- h. Does the Applicant and all Subsidiaries have policies and procedures in place for correction and retraction requests? Yes     No
- i. Does the Applicant and all Subsidiaries pay licensing fees to ASCAP, SESAC, BMI or any other music licensing society? Yes     No   
     If the Applicant or any Subsidiary produces any web casting, have the proper licenses been obtained? Yes     No

**Please attach the following for the Applicant:**

<p><b>Sample advertising agreements.</b></p> <p><b>Sample licensing agreement if the Applicant produces programming or content for others.</b></p> <p><b>Resume or Bio's for key principals if you have been in business less than 3 years.</b></p> <p><b>Financial statements if you are requesting a limit of liability greater than \$1Million.</b></p>
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**PART V**

To be completed by Applicant

**WARRANTY**

Applicant hereby declare, after diligent inquiry, that the information contained herein and in any supplemental applications or forms required hereby, are true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the CNA Company to whom this Application is made (“the Company”) as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

- 1) Completion of this application and any supplemental applications or forms does not bind the Company to issue the policy;
- 2) If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications and any other statements furnished to the Company in conjunction with this application;
- 3) All supplemental applications, statements and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part thereof;
- 4) This application will be the basis of the contract and will be incorporated by references into and made a part of such policy;
- 5) If a policy is issued, the limit of liability contained in the policy shall be reduced and may be completely exhausted by the payment of damages and claims expenses. In such event the Company shall not be liable for damages or claims expenses to the extent that such cost or amount exceeds the limit of liability of this policy;
- 6) If a policy is issued, claims expenses which are incurred shall be applied against the deductible or retention amount as provided in the policy;
- 7) Applicant’s failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which the Applicant is aware of that may give rise to a claim before expiration of the current policy, may create a lack of coverage.

**This application must be signed by the Chairman of the Board, Chief Executive Officer or by the President.**

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Corporation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The undersigned acknowledges that he or she is aware that defense costs reduce and may exhaust the applicable Limits of Liability. The Insurer is not liable for any loss (which includes defense costs) in excess of the applicable Limits of Liability.**

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for Colorado Residents only: 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 policyholder 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.) (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven year and payment of a fine of up to \$15,000.) (For Tennessee and Washington Residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont Residents only: which may be a crime and may be subject to civil fines and criminal penalties).