

Media Solutions Application

1. Name and Address of Applicant:

Name(s): _____

Address: _____ City _____ State _____ Zip _____

Web Site Address: _____

2. a. Date established: ____/____/____ (month/day/year)

b. Applicant is Individual Partnership Corporation Other
If other, please explain, attach additional sheet, if necessary: _____

c. Is the Applicant's stock publicly traded? Yes No If yes, on which exchange? _____

d. Is the Applicant owned by, controlled by or affiliated with any other entity? Yes No
If yes, please list the entities and explain the relationship, attach additional sheet, if necessary:

3. a. During the past 5 years:

(i) has the name of the Applicant ever been changed? Yes No

(ii) has the Applicant been involved in any merger, acquisition or consolidation? Yes No

If yes to either of the above, please explain, attach additional sheet, if necessary: _____

b. Is the Applicant seeking coverage for any Subsidiaries in which it maintains a greater than 50% ownership interest? Yes No
If the answer is yes, attach a list of those Subsidiaries for which coverage is being sought.

IN YOUR RESPONSES TO THE FOLLOWING QUESTIONS, PLEASE CHECK ALL BOXES THAT APPLY FOR BOTH THE APPLICANT AND ANY SUBSIDIARIES FOR WHICH COVERAGE IS BEING SOUGHT AND INDICATE THE PERCENTAGE OF REVENUE ATTRIBUTABLE TO THAT ACTIVITY.

4. Media Activities

PUBLISHING

	% of Revenue		% of Revenue
<input type="checkbox"/> Books	_____	<input type="checkbox"/> Newspaper – Local circulation	_____
<input type="checkbox"/> DVD	_____	<input type="checkbox"/> Newspaper – Regional circulation	_____
<input type="checkbox"/> Directories	_____	<input type="checkbox"/> Newspaper – National circulation	_____
<input type="checkbox"/> Magazine - Local circulation	_____	<input type="checkbox"/> Photographs	_____
<input type="checkbox"/> Magazine – Regional circulation	_____	<input type="checkbox"/> Software	_____
<input type="checkbox"/> Magazine – National circulation	_____	<input type="checkbox"/> Trading Cards	_____
<input type="checkbox"/> Music	_____	<input type="checkbox"/> Trade Journal	_____
<input type="checkbox"/> Newsletter	_____	<input type="checkbox"/> Video Tape	_____
		<input type="checkbox"/> Other: _____	_____

BROADCASTING

- Cable
- Independent Radio
- Independent Television
- Network Radio
- Network Television
- Public Radio
- Public Television
- Satellite
- Other: _____

% of Revenue

PRODUCTION

- Advertisement/Commercial
- Documentary
- Foreign Language Film
- Infomercial
- Made for Television Movie
- Major Motion Picture
- Miniseries
- Music
- Short Film
- Television Programming
- Other: _____

% of Revenue

ELECTRONIC/WIRELESS

- Books
- Directories
- Distributed Periodicals
- Music
- Posted Periodicals
- Trade Journal
- Video
- Other: _____

% of Revenue

ADVERTISING

- Billboard
- Branding
- Corporate/Product Naming
- Graphic Design
- Identity
- Internet
- Print
- Public Relations
- Radio
- Television
- Other: _____

% of Revenue

5. CONTENT

Please indicate all forms of content and indicate the percentage which is original versus distributed.

- Audience Participation
- Biographical
- Children's Interest
- Cultural/Art/Music
- Documentary
- Editorial
- Educational
- Entertainment
- Fiction
- Financial
- Food/Recipes
- Games
- Historical
- Insurance

% Original

- Investigative Reporting
- Legal
- Manuals/Technical
- Medical
- News
- Poetry
- Political/Social
- Pornography/Adult
- Product Comparisons
- Reality Programming
- Religious
- Sports
- Travel
- Other: _____

% Original

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Media Solutions

6. Please list the gross annual sales derived from activities listed in question 4 above:

Year

Most recent completed fiscal year: _____

Projected for the current fiscal year: _____

Projected for the next fiscal year: _____

7. Legal/Clearance procedures

a. Do you have a legal/clearance procedure for media content?
If yes, please attach a copy or description.

Yes No

b. Is one person responsible for oversight of legal/clearance procedures?

Yes No

If yes, what are the title and qualifications of this person? _____

c. Do you conduct fact checking on content you originate?

Yes No

d. Do you conduct regular education of employees on avoiding content related claims?

Yes No

e. Do you have a written policy regarding the posting of content on your web site?

Yes No

f. Does an attorney (either in-house or outside counsel) review all content before it is disseminated?

Yes No

g. (i) Name of outside media counsel: _____

(ii) Outside counsel's years of experience in media law: _____

PLEASE ANSWER QUESTIONS 8 TO 10 FOR THE NON-MEDIA BUSINESS OF THE APPLICANT AND SUBSIDIARIES FOR WHICH COVERAGE IS BEING SOUGHT OR ANSWER "NOT APPLICABLE" IF THERE IS NOT ANY NON-MEDIA BUSINESS.

8. a. Please describe any non-media business activities, including any Internet business activities:

b. Please complete the table for your five largest non-media contracts:

Name of Client or Client Industry	Nature of Services	Annual Revenue	Duration of Contract

- c. Do you always use a written contract with clients? Yes No Explain: _____
Please attach a sample of the standard contract wording.
- d. Does an attorney review such contracts prior to use? Yes No Explain: _____
- e. Does the standard contract contain a limitation of liability provision? Yes No
Explain: _____
- f. Who has the authority to amend the standard contract wording? _____

9. Please list the gross annual sales derived from activities listed in question 8 above:

	<u>Year</u>
Most recent completed fiscal year: _____	_____
Projected for the current fiscal year: _____	_____
Projected for the next fiscal year: _____	_____

10. Please describe risk management procedures: _____

11. Claim Information

NOTE: The Applicant's disclosure of claim information by response to the following questions does not indicate or imply in any way that any act or omission disclosed is covered by this policy.

With regard to the Applicant and any Subsidiaries listed in response to question 3b, please answer the following questions:

- a. During the past 5 years, have any principals, partners, directors, officers, or professional employees ever been subject to disciplinary action by any regulatory agency or association? Yes No
- b. During the past 5 years, have any principals, partners, directors, officers, or professional employees ever had their license revoked or suspended? Yes No
- c. After inquiry, have any media liability or professional liability claims been made during the past 5 years against the Applicant or Subsidiaries or any past or present principals, partners, directors, employees or present independent contractors? Yes No
- d. After inquiry, does the Applicant or Subsidiaries or any principals, partners, officers, directors employees or independent contractors have knowledge or information of any circumstance or any allegations which may result in a claim being made against the Applicant or Subsidiaries or any of their past or present principals, partners, officers, directors, employees or present independent contractors? Yes No

(If yes to any of the above, please attach a detailed description.)

- e. Have all matters in 11c or 11d above been reported to the former or current insurers? Yes No
12. a. Prior Media Liability Insurance of Applicant

	Insurer	Limit	SIR/ Deductible	Premium	Claims Made/ Occurrence	Policy Period	Retroactive Date (if any)
Current Year		\$	\$	\$			
Previous Year 1		\$	\$	\$			
Previous Year 2		\$	\$	\$			

- b. Is any extended reporting period currently in effect for the Applicant or any Subsidiary listed in questions 3b? Yes No
- c. During the past 5 years, has any similar media or professional liability coverage been canceled, declined or non-renewed for the Applicant or any Subsidiary listed in questions 3b? Yes No
(If yes, please attach an explanation.)

- 13. a. Limit of Liability requested: _____
- b. Deductible requested: _____

APPLICANT'S VERIFICATION

Applicant hereby declares, 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 materials facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Insurance Company issuing the Policy (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 supplement applications and any other statements furnished to the Company in conjunction with this application.
- 3) all supplemental applications, statement and other materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof;
- 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 limits 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 Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage.

Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant or any Subsidiary listed in question 3b. Application must be signed by duly authorized partner, officer or director of the Applicant.

Applicant's Authorized Representative: _____

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Signature of Authorized Representative

Print Name of Authorized Representative

Title of Authorized Representative

Date: _____ / _____ / _____
 month day year