Legal Terms and Conditions

Media/Professional Insurance is an underwriting and claims manager licensed to accept submissions from any licensed insurance agent or broker. Media/Professional Insurance does not solicit applications or sell insurance through the Internet.

Applications and all related information are provided for information only. Coverage may vary according to state law requirements and may not be available in some states.

If you are a licensed insurance agent or broker, please send your submissions to our Underwriting Department at:

Domestic Office

Two Pershing Square, Suite 800 2300 Main Street Kansas City, Missouri 64108 Facsimile: +1 (816) 471-6119 Telephone: +1 (816) 471-6118

http://www.mediaprof.com

International Office

New London House 6 London Street London, EC3R 7QL

Facsimile: +44 (171) 722-4700 Telephone: +44 (171) 680-1177 http://www.mediaprof.com

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AUTHOR LIABILITY COVERAGE

Application for Insurance

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

Note: All questions must be answered. All requested attachments must accompany application. 1. Name of Proposed Insured (as it should be stated on your policy if issued): 2. Street Address, City, State, Zip Code: 3. Telephone: Book, Play, Journal or Article (Hereinafter referred to as "work") 4. Title of work to be insured: 5. Scheduled or original date of production: 6. Type of work: (check appropriate box) Fiction/Drama Poetry Current Historical/ **Technical** Religious Investigative Social/Political How-to-do-it Other Reporting/ Autobiography Biographical Commentary (describe) Exposé 7. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so): 8. Advance paid by publisher: Paperback 9. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented? Yes No If no, please explain in detail by supplement. 10. Have written releases been obtained from persons or organizations: No Yes A. Appearing in photographs or artistic representations? B. Contributing material to the work? C. Quoted or paraphrased? If no, explain in detail by supplement. 11. Name, address and telephone number of publisher: 12. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: Years of experience in media law: Serializations, Condensed Versions, Revised Editions & Related Materials/Activities 13. Will the work be serialized or published in a condensed version during the proposed policy term? No \square If yes, specify publication(s) and attach a copy of contract(s) with the publisher(s): Estimated Revenues \$_ 14. Will a revised edition of the work be published or distributed during the proposed policy term? If yes, complete A and B. Attach copy of the revised work and a brief outline of revisions from the original work. A. Number of copies to be printed/distributed in: Hardback Paperback _

B. Estimated Annual Revenues \$

15.	i. Describe any related materials or activities contemplated in conjunction with the work. (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.)					Estimated Annual Receipts \$	
16.	6. 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, sland or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dres service mark or service name; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter in a work of advertising, promotion or publicity relating thereto or with respect to the work specified in Item 4. herein?						
	Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgmor settlement, and final disposition of the claim.						
17.	Please provide the follo	wing information for any similar	prior or current cover	age carried for the wo	rk (or state "none"):		
	Company	Policy No.	Limits	Deductible	Coverage Dates	Premium	
18.	Has any insurer decline	d, cancelled, or refused to rene	w any similar insuran	ce issued to the applic	cant firm? (Not	applicable in Missouri.)	
	Yes No	If yes, give details. Add atta	achment if needed.				
19.	Policy limit required:		20. \$	Self-insured retention:	арр	policies include a self-insured retentionlying to the cost of defense, judgment settlements, or any combination thereof.	
L	LINALITI	NOT TO EXCEED FIVE THOUS	SAND BOLLANG AI	ID THE GIATED VAL	SE OF THE GEARINT O	K EAST GOOT VIOLATION.	
	The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.						
	Name(pleas	e type or print)		_ Name (s	ignature of authorized re	presentative)	
	Title			_ Date			
	complete your application Copy of the manuscrip Copy of the contract w Current financial state	ot of work ith the publisher	. C	etailed resume of the	lawyer's written opinion author's literary experier s current financial condi		
	Media/Pr	ofessional Insur	ance	Agent or Broker:			
	Two Pershing So Kansas City, Mis	ia/Professional Insurance Ageno quare, Suite 800 • 2300 Main Str souri 64108-2404 Facsimile - (816) 471-6119		Address, Zip Coo	le:		
	We Insure F	ree Speech Worldwide®		Telephone:			