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

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## **BOOK PUBLISHER 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 Insure                                     | ed (as it should be stated on your policy            | rifissued):  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| 2. List other subsidiaries, af                                 | filiates and trade names to be included              | for insurance:   |  |  |  |  |
| 3. Principal Street Address,                                   | City, State, Zip Code:                               | 4. Tele  | pphone:  |  |  |  |
| or i morphi directi dali essi, enji, enate, <u>a</u> rp esseci |  | (  |  |  |  |  |
| 5. Date purchased by prese                                     | nt owner:  |  |  |  |  |  |
| Book Publishing  |  |  |  |  |  |  |
| 6. For current fiscal year, sp<br>Original titles              |  | Titles distributed for others  |  |  |  |  |
| 7. Type of books published.                                    | (Please provide approximate percenta                 | age for each of the following categories)  |  |  |  |  |
|  | t<br>graphy, Autobiography<br>cal Commentary         | % "Managed" Textbooks% Technical% Religious% Classics% Poetry                    | <ul> <li>Children's</li> <li>History, Biography</li> <li>Investigative reporting, exposé</li> <li>Celebrity</li> <li>Other (describe)</li> </ul> |  |  |  |
| Periodical Publications, M<br>8. Name:                         | lonographs Type:                                     | Frequency of Circulation:  | Circulation: Area of Circulation:  |  |  |  |
| Other Forms of Media (i.e. 9. Type:                            | , cassettes, tapes, maps, brochures, et<br>Revenues: | tc.)   |  |  |  |  |
| Financial Information  |  |  |  |  |  |  |
| 10. Book Publishing - gross                                    | annual sales:  |  |  |  |  |  |
| Publishing     Distribution     Subsidiary Rights     Total    | \$<br>\$<br>\$<br>\$                                 | B. United States Canada United Kingdom Australia Other Countries (Specify) Total |  |  |  |  |
| 11. Total gross annual sales                                   | from all media: \$                                   |  |  |  |  |  |
| 12. Approximate annual adv                                     | ertising or promotional expenditures:                |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Legal Procedures  13. Name and address of la                   | w firm consulted with respect to media l             | law issues, including content review, editorial                                  | procedures and complaint handling:   |  |  |  |
| Years of experience in m                                       | nedia law:   |  |  |  |  |  |

| 14. Percentage of indemnification p  | rovided by author through pu  | ublishing contract.                                     | %   |  |   |  |  |
|--|---|---|---|--|---|--|--|
| or other forms of defamation; in   | vasion or infringement of the unfair competition; plagiarism  | right of privacy or pu                                  | ublicity; infringeme                              | nt of copyright, title, sloga  | of in the last five years for libel, slander<br>n, trademark, trade name, trade dress,<br>ny other act, error or omission arising |  |  |
| ☐ Yes ☐ No If ye or s  | If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim. |   |   |  |   |  |  |
| 16. During the past three years, has   | s any similar insurance been  | issued to the applica                                   | ant firm?   |  |   |  |  |
| ☐ Yes ☐ No If ye   | If yes, complete the following:   |   |   |  |   |  |  |
| Company  | Policy No.  | Limits  | Deductible  | Coverage Dates   | Premium   |  |  |
| 17. Has any insurer declined, cancer   | elled, or refused to renew any  | y similar insurance is                                  | ssued to the applic                               | ant firm? (Not a   | pplicable in Missouri.)   |  |  |
| ☐ Yes ☐ No If ye   | es, give details. Add attachm   | ent if needed.  |   |  |   |  |  |
| 18. Policy limit required:   |   | 19. Self-insured ret                                    | ention:   | Note: all policies include a self-insured retention applying t the cost of defense, judgments and settlements, or any combination thereof. |   |  |  |
| \$   |   | \$  |   |  |   |  |  |
| AN APPLICATION<br>OR CONCEALS FO<br>COMMITS A FRAU   | IO KNOWINGLY AND WITH FOR INSURANCE OR STA OR THE PURPOSE OF MIS JDULENT INSURANCE AC EXCEED FIVE THOUSAN   | TEMENT OF CLAIN<br>LEADING, INFORM<br>T, WHICH IS A CRI | MI CONTAINING A<br>MATION CONCER<br>ME AND IN NEW | NY MATERIALLY FALS<br>NING ANY FACT MATE<br>YORK SHALL ALSO BE   | E INFORMATION,<br>RIAL THERETO,<br>: SUBJECT TO A CIVIL   |  |  |
| The statements and ansi  | wers made in this application   | and in attachments                                      | are true to the bes                               | t of my knowledge. I have  | e neither omitted nor   |  |  |
| misrepresented any infor   | mation.   |   |   |  |   |  |  |
| Name   |   |   | Name  |  |   |  |  |
| (please type o   | r print)  |   | (si   | gnature of authorized rep  | resentative)  |  |  |
| Title  |   |   | Date  |  |   |  |  |
| To complete your application,  | please submit:  |   |   |  |   |  |  |
| <ul> <li>Brochure or current titles of both</li> <li>Current financial statement or</li> <li>Description of standard proced works, accuracy or content, tit</li> </ul> | ook order list<br>annual report<br>dures for checking originality,  | ■ Copi  | ies of standard rele<br>es of periodical pul      | olications, monographs, b  | ent<br>graphs, creative work of employees, etc.<br>prochures, cassettes, tapes<br>siness less than three years                    |  |  |
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|  |   | C.  | Address, Zip Code                                 | e:   |   |  |  |

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