
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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MULTIMEDIA 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. List other subsidiaries, affiliates and trade names to be included for insurance:

3. Principal Street Address, City, State, Zip Code:4. Telephone:
()

5. ☐ Corporation☐ Partnership☐ Individual☐ Joint Venture6. Date Founded:

7. Estimated Assets: \$

8. Media activities (attach supplement if space is insufficient):

A. Book Publishing

Type of books published (please provide approximate percentage for each of the following categories)

%	Textbooks	%	"Managed" textbooks	%	Children's
%	How-to-do-it	%	Technical	%	History, Biography
%	Current biography, Autobiography	%	Religious	%	Investigative reporting, exposé
%	Social, political commentary	%	Classics	%	Celebrity
%	Fiction	%	Poetry	%	Other (describe)

B. Newspaper Publishing

1. Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of Duplication
2. Check primary circulation area:					
International ☐	National ☐	Rural ☐	Suburban ☐	Metro ☐	Regional ☐
Campus ☐	Controlled Circulation ☐	Other ☐			

C. Magazine Publishing

1. Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of Duplication
2. Check primary circulation area:					
International ☐	National ☐	Rural ☐	Suburban ☐	Metro ☐	Regional ☐
Campus ☐	Controlled Circulation ☐	Other ☐			

D. Broadcasting and telecasting

Call
Letters

AM/FM/TV

Location
(City & State)

Percentage
Simulcast

First
Air Date

Radio-Highest
60-Second
Advertising Rate

TV-Highest
Hourly
Program Rate

E. Cablecasting

Name of System

Location
(City & State)

Number of subscribers

1. Market classification _____

2. Does system originate any programming? Yes ☐ No ☐ If yes, please provide the following information:

Type

Number of hours per week

Gross receipts derived from syndication

F. Program & film production

1. Describe types of productions and any related merchandising.

2. Will there be any merchandising related to the production? ☐ Yes ☐ No If yes and coverage is desired for this activity, please submit the following for review:

1) Anticipated gross annual revenues from merchandising.

2) Copies of contracts or license agreements with any distributors, suppliers, etc.

3) Brief description of the merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

3. Has a title report (title search and opinion) been obtained on each of the productions listed in question F.1. above? ☐ Yes ☐ No

If yes, please submit a copy of each title report for the company's review.

Please note that claims arising from the title of any scheduled production are not covered unless a title report is submitted to and approved by the Company and coverage is endorsed to the policy.

G. Miscellaneous

1. Other published materials (i.e., charts, graphs, maps audio-visual aids, greeting cards, posters, brochures, etc.):

Type

Gross sales or annual budget

2. Printing for third parties:

Type

Gross receipts

9. Financial information

A. Gross annual sales derived from each of the following. (Please provide annual budget if non-profit)

Book publishing	\$ _____	Broadcasting and telecasting	\$ _____
Newspaper publishing	\$ _____	Cablecasting	\$ _____
Magazine publishing	\$ _____	Program & film production	\$ _____
Miscellaneous	\$ _____	Total	\$ _____

B. Gross annual sales (or budgets) for media activities:

United States	\$ _____	Australia	\$ _____
Canada	\$ _____	Other Countries (Specify)	\$ _____
United Kingdom	\$ _____	Total	\$ _____

10. Legal procedures

A. Provide description of standard procedures for checking accuracy and originality of content.

B. Provide description of procedures for processing unsolicited ideas, books, screenplays, articles, photographs, etc.

C. 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: _____

D. Approximate percentage of all media for which the applicant is indemnified by another party _____ %

E. Does applicant require indemnitor to carry similar media or errors and omissions insurance? ☐ Yes ☐ No

11. 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, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

☐ Yes ☐ No 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.

12. Other Insurance

A. During the past three years, has any similar insurance been issued to the applicant?

☐ Yes ☐ No If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
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B. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant? (Not applicable in Missouri.)

☐ Yes ☐ No If yes, give details.

C. Does the applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations?

☐ Yes ☐ No

13. Proposal requirements

A. Policy limit required:

\$ _____

Self-insured retention:

\$ _____

Note: all policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

B. Is coverage required for authors?

☐ Yes

☐ No

C. Is coverage required for errors and omissions?

☐ Yes

☐ No

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 IN NEW YORK 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.

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

(please type or print)

Name

(signature of authorized representative)

Title

Date

To complete your application, please submit:

- Brochure or list of current book titles, films programming, etc.
- Current financial statement or annual report
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.

- Copies of current periodical publications, brochures, newspapers, etc.
- Experience resumes if in business less than five years



Media/Professional Insurance

A division of Media/Professional Insurance Agency, Inc.
Two Pershing Square, Suite 800 • 2300 Main Street
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile - (816) 471-6119

We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

Telephone: