



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. Is the applicant affiliated with any company, partnership, etc. for which services are rendered?
3. List major clients and description of their business.

- 4. Does applicant use subcontractors, stringers, freelancers or other non-employees?
5. Show approximate percentage of revenues and number of works from the following activities:

Table with 2 columns listing activities and their percentages: Public Relations Consultant, Publishing, Production of films, radio or television programs, Photo Service, Promotions/Sweepstakes Development, Web Design, Advertising Agency, Mail Order or catalog sales, Broadcasting, Package/Display/Product Design, Music Service, Market Research, Printing In-House, Printing Sub-contracted.

Please provide details of services:

- 6. Any changes planned for next year?
7. Any work in tobacco, alcohol, firearms, pharmaceuticals?
8. Who does the applicant ultimately distribute materials to?
9. Name, address and years of experience of law firm consulted with respect to media law issues...
10. Explain steps taken to reduce your exposure to claims, including intellectual property and copyright infringement.

- 11. Does applicant obtain written releases in respect to creative material or talent from the following?
Employees? Models? Free-lance photographers, writers, composers, artists, musicians? Non-professional persons appearing in commercials or advertising?

- 12. Does applicant's contract always provide for client approval? Attach a specimen copy of client's contracts.

- 13. Please describe your procedure for processing unsolicited ideas.

ADVERTISING AGENCY

- A. Please advise if applicant:
 - 1. Develops product names? Yes / No
 - 2. Develops package design? Yes/ No
 - 3. Develops display design? Yes / No
 - 4. Performs trademark searches? Yes / NoIf yes, describe procedures: _____
 - 5. Number of trademarks developed per year _____

- B. Please advise if applicant:
 - 1. Performs market research? Yes / No
 - 2. Engages in product testing? Yes / No
 - 3. Develops new products for clients? Yes / No
 - 4. Provides printing services or assumes liability for printing? Yes / NoIf yes, please complete PRINTING section below.
 - 5. Develops promotions, sweepstakes, contests or games for clients? Yes / No (Insurance not provided for contests, sweepstakes or games of chance)

If yes, provide complete details: _____

- C. Are title reports regularly obtained from a Title Clearance Service? Yes / No If yes, how many per year? _____
- D. Who retains ownership of the work created? _____
- E. Provide a breakdown of percentages of gross revenue derived from the following media:

| | | |
|--------------------------|------------------|--------------------|
| Television _____ | Newspapers _____ | Billboards _____ |
| Cable TV _____ | Magazines _____ | Internet _____ |
| Catalog/Mail order _____ | Brochures _____ | Infomercials _____ |
| Radio _____ | Coupons _____ | Other _____ |
- F. Provide a breakdown of employees in the following areas:

| | | | |
|---------------|---------------|------------------|------------|
| ____ Copy | ____ Media | ____ Production | ____ Sales |
| ____ Research | ____ Clerical | ____ Other _____ | |
- G. Do you consult with respect to comparative advertising? Yes / No If yes, percentage. _____
- H. Has the applicant lost a major client (40% or more of annual billings) in the past 12 months? Yes / No
- I. Has applicant been cited by any regulatory agency for violations arising out of advertising activities? Yes / No
If yes, please explain _____

PRINTER

- A. Provide list of types of businesses for whom work is done and the type of work performed for each (i.e. Full photo work, printing, bindery only, etc.) _____

- B. Does applicant require "sign offs" prior to printing? Yes / No _____%
Prior to distribution? Yes / No _____%
If yes, who handles / what procedures are used to obtain "sign offs" of work prior to production? Who is contacted at client's office? _____

- C. How are records of sign-off maintained? _____
- D. What are the percentages of each type of print project (i.e. Envelopes, posters, books, mail labels, etc.)

- E. Please describe the process of obtaining the materials for printing from the client (ie. Electronically, via mail, etc.)

- F. Is printing done in-house (_____%) o r subcontracted (_____%)?
- G. Do you have contracts with printers that limit your liability for any errors in printing? Yes / No
- H. What are your procedures for correcting and/or retracting an error in printing?

PUBLISHER / AUTHOR

- A. Please confirm if the work you publish and/or author contains the following subject matter and give a summary of the work:

| | |
|---------------------------------|----------|
| Textbooks | Yes / No |
| Periodicals | Yes / No |
| Newspapers | Yes / No |
| “How to” | Yes / No |
| Biographical / Autobiographical | Yes / No |
| Social / Political Commentary | Yes / No |
| Fiction | Yes / No |
| Technical | Yes / No |
| Religious | Yes / No |
| Poetry | Yes / No |
| Children’s subjects | Yes / No |
| History | Yes / No |
| Investigative Reporting | Yes / No |
| Exposes | Yes / No |
| Celebrity | Yes / No |
| Pornography / Obscenity | Yes / No |
| Sexually explicit material | Yes / No |
| Law & Justice | Yes / No |
| Personal Betterment | Yes / No |
| Travel | Yes / No |
| Other | Yes / No |

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- B. Are any of the works reviewed by a third-party publisher prior to publication? Yes / No
- C. Is the material reviewed by legal counsel prior to publication? Yes / No
- D. How many works are published each year? _____
- E. Are you seeking coverage for all works, collectively, or for an individual project? _____
If for an individual project, please confirm you have insurance in place for the remainder of your works.
Policy limit: _____ Company: _____ Dates of coverage: _____
- F. Names of authors, writers, screenplays to be covered : _____
- G. How many copies of each work will be published? _____
- H. Source of revenue from each (Gross annual sales):
Publishing _____ Distribution _____ CD-ROM _____
Reprints _____ Subsidiary rights _____ Books on tape _____
Other _____

- I. Annual advertising budget _____
- J. Any independent contractors used (fact checkers, illustrations, advertising)? Yes / No
- K. Are fact-checkers utilized to verify content accuracy? Yes / No
- L. Are authors required to indemnify the publisher? Yes / No
- M. Please list main periodicals and publishing houses which have published your work in the past three years:

- N. Are any of the characters in your work based on living individuals? Yes / No
If yes, were they involved in writing the material? Yes / No
- O. Has the nature / subject matter of your work changed during the past 12 months? Yes / No

MUSIC PUBLISHER

- A. Gross Annual Sales from music publishing \$ _____
- B. Estimated number and types of productions to be produced annually and a brief summary of the work:
Radio commercials / jingles _____
TV commercials _____
Movie soundtracks _____
Children's CDs _____
Hip hop CDs _____
R&B CDs _____
Rock CDs _____
Jazz _____
Classical _____
Other _____
- C. How many compilations are in your catalogue? _____
- D. Is the material reviewed by legal counsel prior to publication? Yes / No
- E. Are you seeking coverage for all works, collectively, or for an individual project? _____
If for an individual project, please confirm you have insurance in place for the remainder of your works.
Policy limit: _____ Company: _____ Dates of coverage: _____
If an individual project, when is the release date? _____
- F. Names of authors and writers to be covered _____
- G. Please list Top 5 recordings: _____
- H. How many copies of each work will be published? _____
- I. Will any photographs or artwork be used in the productions? Yes / No
If yes, have licenses and consents been obtained from copyright owners? Yes / No
- J. Source of revenue from each (Gross annual sales):
Publishing _____ Distribution _____ CD-ROM _____
Reprints _____ Subsidiary rights _____ Books on tape _____
Other _____

- K. Have all licenses and consents been obtained as follows?
 From copyright owners? Yes / No
 From music owners? Yes / No
 From writers? Yes / No
 Have musical rights been obtained? Yes / No
 Recording and synchronization rights? Yes / No
 Performing rights? Yes / No
 If No to any of the above, please explain: _____
- L. Describe in detail the planned distribution and exhibition of the Applicant's productions: _____

- M. Is the name or likeness of any living person used or portrayed? Yes / No
 If yes, please explain: _____
- N. Has the nature / subject matter of your work changed during the past 12 months? Yes / No
 Do you plan to change the subject matter in the next 12 months? Yes / No
- O. What is your plan for new works in the next 12 months? _____
- P. Is there a co-publishing agreement? _____
- Q. Who do you have hold-harmless / indemnity agreements with? _____
- R. Does your CGL, if carried, cover personal injury arising out of business practices? Yes / No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____