
American International Companies®

Name of Insurance Company
To Which Application is Made _____

(herein called the Company)

MULTIMEDIA PROFESSIONAL LIABILITY APPLICATION

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

A. General Section (All applicants must fill out this section)

The following information must accompany this application and will be considered part of the application:

- Most recent annual report
- Latest 10-K and 10-Q reports filed with the SEC
- Latest audited financial statements
- All promotional materials distributed in connection with the applied for professional services
- Specimen contracts applicable to each applied for professional service

GENERAL INFORMATION

1. Applicant Name: _____
2. Address of Principal Office: _____

3. Date Firm Established/Incorporated: _____
4. Limit of Liability Desired: _____ (aggregate)
5. Has any insurer ever declined, cancelled, or refused to renew any similar insurance issued to your firm or any predecessor firm? Yes No. If yes, give details

6. Has any similar insurance been issued to your firm or any of the firms to be included in this application?
 Yes No. If yes, complete the following for the last five (5) years:

| <u>Insured</u> | <u>Insurance Company</u> | <u>Premium</u> | <u>Limits</u> | <u>Deductible</u> | <u>Dates</u> |
|----------------|--------------------------|----------------|---------------|-------------------|--------------|
|----------------|--------------------------|----------------|---------------|-------------------|--------------|

7. Is the applicant currently insured under a General Liability and/or Umbrella Policy?
 Yes No. If yes, give details.

| <u>Insurance Company</u> | <u>Type of Coverage</u> | <u>Limits</u> <u>BI</u> | <u>PD</u> | <u>Dates</u> |
|--------------------------|-------------------------|----------------------------|-----------|--------------|
|--------------------------|-------------------------|----------------------------|-----------|--------------|

8. After Inquiry, do any of the Principals, Partners, Officers, Employees, Directors, or any other persons to be covered under this insurance, have knowledge of any act, error, omission or circumstance which may give rise to a claim against any proposed insured? Yes No. (If yes, attach full particulars.)
9. Have any professional liability (E&O) claims been made during the past five (5) years against the applicant or any of its past or present partners, executive officers, directors, salespersons (whether employees or independent contractors), employees or any predecessors in business? Yes No. If yes, describe the incident which caused the claim, the date it occurred, the amount of reserve or indemnity paid and estimated expenses paid as respects the claim. Provide an attachment giving this information.

NOTE: ALL APPLICANTS MUST SIGN APPLICATION ON LAST PAGE.

B. Publishing Section (complete this section only if you have **publishing** operations)

1. Indicate percentage of each type of **book** published/distributed: _____

| | |
|---|---------------------------|
| _____ % textbooks | _____ % social, political |
| _____ % classics | _____ % fiction, drama |
| _____ % childrens | _____ % poetry |
| _____ % technical | _____ % history |
| _____ % current biography/autobiography | |
| _____ % religious | |
| _____ % other (describe) _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

2. Gross annual sales from book publishing: _____ Publishing

3. Are book publications reviewed by: _____
 _____ Distribution
 _____ Subsidiary rights
 _____ Total 100%
- _____ in-house counsel
 _____ outside counsel
 _____ other (please describe)
4. Name of outside counsel: _____
5. Percentage of indemnification provided by author through publishing contract: _____
6. Attach current list of books published and description of standard procedures for checking originality, works, accuracy or content, title clearance, etc.
7. For those **business periodicals/trade journals** for which the applicant has published, please list below a sample of five published works:

| | <u>Name of periodical</u> | <u>Date</u> |
|----|---------------------------|-------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

8. List all newspaper and magazines that the applicant publishes:

| <u>Name</u> | <u>Location</u> | <u>Frequency of Circulation</u> | <u>Average Circulation</u> |
|-------------|-----------------|---------------------------------|----------------------------|
|-------------|-----------------|---------------------------------|----------------------------|

Attach list of additional publication not stated above.

9. Check primary circulation areas:
- National
 - Suburban
 - Regional
 - Rural
 - Metro
 - Community
 - Campus
 - Other _____

10. Editorial procedures

| | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| A. Is a law firm consulted with respect to media law? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are letters-to-the editor edited? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are written hold-harmless indemnity agreements executed with advertisers and advertising agencies? <input type="checkbox"/> | <input type="checkbox"/> | |
| D. Does applicant firm engage in "investigative" reporting or exposes? If yes, describe methods for documenting sources of information. | <input type="checkbox"/> | <input type="checkbox"/> |

C. Broadcasters Liability Section (complete this section only if you have **broadcasting** exposure)

1. Gross annual sales from broadcasting services \$ _____

2. Check off where applicable:

- Network affiliation (*specify*) _____
- Independent
- Public Broadcasting
- Educational
- Religious
- All news

3. Radio Broadcasting

A. List stations owned or operated by applicant:

| <u>Call letters</u> | <u>AM/FM</u> | <u>Location</u> | <u>First Air Date</u> | <u>Advertising Rate per Hour</u> | <u>Highest 30 sec. Spot Rate</u> |
|---------------------|--------------|-----------------|-----------------------|----------------------------------|----------------------------------|
|---------------------|--------------|-----------------|-----------------------|----------------------------------|----------------------------------|

B. For each station, describe format or type of programming:

4. Television Broadcasting

A. List stations owned or operated by Applicant:

| <u>Call letters</u> | <u>Location</u> | <u>Date Licensed</u> | <u>First Air Date</u> | <u>Advertising Rate per Hour</u> | <u>Highest 30 second Spot Rate</u> |
|---------------------|-----------------|----------------------|-----------------------|----------------------------------|------------------------------------|
|---------------------|-----------------|----------------------|-----------------------|----------------------------------|------------------------------------|

B. Briefly describe station format or type of programming below:

5. Programming Procedures

| | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| A. Is a law firm consulted with respect to media law? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are newsmen familiar with current libel law? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do news teams engage in "investigative" reporting? If yes, attach description of methods for documenting sources of information. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are "action reporters" or similar consumer programs broadcast or telecast? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are talk shows and interview programs pretaped or prerecorded? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is a delay device used during "call-in" or other live audience participation programming over radio stations? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Do television stations use "mini-cams"? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Does any station produce programs used by stations you do not own or operate? If yes, provide details of programming provided to others. | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? If yes, attach copy of agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Do you pay licensing fees to ASCAP, SESAC, or BMI? | <input type="checkbox"/> | <input type="checkbox"/> |
| M. If NAB member, specify dues group or class for each station. | <input type="checkbox"/> | <input type="checkbox"/> |

D. Printing Services Section (complete this section only if you provide **printing services for others**)

1) Gross revenue from printing services for others: \$ _____

2) Indicate the percentage of gross receipts derived from each of the following:

- a) Business and legal forms, including stationary _____ %
- b) Corporate or financial related materials
(annual reports, prospectus, stock reports) _____ %
- c) Books _____ %
- d) Games of chance (i.e. chances, lottery tickets) _____ %
- e) Pamphlets & flyers _____ %
- f) Discount/rebate coupons _____ %
- g) Catalogs _____ %
- h) Yellow page directories _____ %
- i) Wedding invitations, calling cards, other social announcements _____ %
- j) Bindery _____ %
- k) Computer graphics _____ %
- l) Other _____ %
 _____ %
 _____ %

TOTAL 100 %

- 3) If the applicant performs services for games of chance, attach a copy of procedures and controls employed, and complete details of each type of game printed.
- 4) Does the applicant engage in the distribution and/or redemption of coupons, rebates or other promotional game tickets? Yes No. If yes, attach details including specific contracts.
- 5) Does the applicant engage in the design of logos or trademarks for clients? Yes No. If yes, attach a narrative describing (a) the number designed per year and (b) the procedures followed for trademarks/copyrights.
- 6) Does the applicant engage in the obtaining or providing of mailing lists to clients? Yes No.
- 7) Does the applicant prepare bulk mailings for clients? Yes No.
- 8) Does the applicant require clients to approve all proof copies before printing? Yes No.

NOTICE TO ARKANSAS APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO COLORADO APPLICANTS: “IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.”

NOTICE TO FLORIDA APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.”

NOTICE TO MAINE APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND 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.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO PENNSYLVANIA APPLICANTS: “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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Signed: _____

Date: _____

Title: _____

(Must be signed by the CEO or president if a corporation,
a general partner if a partnership).

Broker: _____

Address: _____
