

# ADVERTISER 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. Date purchased by present owner: \_\_\_\_\_

6. Describe the nature of your business and the types of products or services you render: \_\_\_\_\_

### Advertising

7. Estimated advertising expenditures for the current fiscal year: Domestic \$ \_\_\_\_\_ International \$ \_\_\_\_\_  
Approximate percentage in the following media:

Radio \_\_\_\_\_%    TV \_\_\_\_\_%    Newspapers \_\_\_\_\_%    Magazines \_\_\_\_\_%    Catalog  
Or Mail Order \_\_\_\_\_%    Other  
(Specify) \_\_\_\_\_%

8. List advertising agency(ies) used: \_\_\_\_\_

9. Please check the appropriate box for each of the following:

Yes    No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| A. Does applicant firm operate an in-house advertising agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does applicant firm engage in comparative advertising?   | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are written hold harmless or indemnity agreements required from advertising agencies and the media?  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are advertising agencies and the media required to provide evidence of insurance as respects such hold harmless or indemnity agreements?       | <input type="checkbox"/> | <input type="checkbox"/> |
| E. If employees make creative contributions to advertising, are written releases obtained from them?  | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Has the applicant firm been cited by any regulatory agency for violations arising out of its advertising activities?<br>If yes, explain below. | <input type="checkbox"/> | <input type="checkbox"/> |

10. 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: \_\_\_\_\_

Please Complete Reverse Side

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 or slogan; plagiarism, piracy or misappropriation of ideas under implied contract or any other act arising out of matter disseminated or exhibited in advertising of any kind?

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

Yes  No If yes, complete the following:

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

Yes  No If yes, give details. Add attachment if needed.

14. Policy limit required:

\$ \_\_\_\_\_

15. Self-insured retention:

\$ \_\_\_\_\_

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

**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:

- Current financial statement or annual report
- Advertising materials about applicant's operation



**Media/Professional Insurance**

A division of Media/Professional Insurance Agency, Inc.  
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**We Insure Free Speech Worldwide®**

Agent or Broker:

Address, Zip Code:

Telephone: