

AUTHOR 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. Street Address, City, State, Zip Code: _____

3. Telephone: _____

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Book, Play, Journal or Article (Hereinafter referred to as "work")

4. Title of work to be insured: _____

5. Scheduled or original date of production: _____

6. Type of work: (check appropriate box)

Fiction/Drama	Poetry	Current Autobiography	Historical/ Biographical	Technical	Religious	Investigative Reporting/ Exposé	Social/Political Commentary	How-to-do-it	Other (describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so):

Hardback _____ Paperback _____

8. Advance paid by publisher: \$ _____

9. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented?

Yes No If no, please explain in detail by supplement.

10. Have written releases been obtained from persons or organizations:

	Yes	No
A. Appearing in photographs or artistic representations?	<input type="checkbox"/>	<input type="checkbox"/>
B. Contributing material to the work?	<input type="checkbox"/>	<input type="checkbox"/>
C. Quoted or paraphrased?	<input type="checkbox"/>	<input type="checkbox"/>

If no, explain in detail by supplement.

11. Name, address and telephone number of publisher: _____

12. 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: _____

Serializations, Condensed Versions, Revised Editions & Related Materials/Activities

13. Will the work be serialized or published in a condensed version during the proposed policy term? Yes No
If yes, specify publication(s) and attach a copy of contract(s) with the publisher(s):

Estimated Revenues \$ _____

14. Will a revised edition of the work be published or distributed during the proposed policy term? Yes No

If yes, complete A and B. Attach copy of the revised work and a brief outline of revisions from the original work.

A. Number of copies to be printed/distributed in: Hardback _____ Paperback _____

B. Estimated Annual Revenues \$ _____

Please Complete Reverse Side

15. Describe any related materials or activities contemplated in conjunction with the work.
(i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.)

Estimated Annual Receipts
\$ _____

16. 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; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter in any work of advertising, promotion or publicity relating thereto or with respect to the work specified in Item 4. herein?

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.

17. Please provide the following information for any similar prior or current coverage carried for the work (or state "none"):

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
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18. 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.

19. Policy limit required:

\$ _____

20. 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:

- Copy of the manuscript of work
- Copy of the contract with the publisher
- Current financial statement or annual report
- Copy of the reviewing lawyer's written opinion concerning the content of the work
- Detailed resume of the author's literary experience
- Estimate of the author's current financial condition



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We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

Telephone: