

BOOK PUBLISHER 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: _____

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5. Date purchased by present owner: _____

Book Publishing

6. For current fiscal year, specify number of:

Original titles _____ Reprints _____ Titles distributed for others _____

7. 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)

Periodical Publications, Monographs

8. Name: _____ Type: _____ Frequency of Circulation: _____ Circulation: _____ Area of Circulation: _____

Other Forms of Media (i.e., cassettes, tapes, maps, brochures, etc.)

9. Type: _____ Revenues: _____

Financial Information

10. Book Publishing - gross annual sales:

A. Publishing	\$ _____	B. United States	_____
Distribution	\$ _____	Canada	_____
Subsidiary Rights	\$ _____	United Kingdom	_____
Total	\$ _____	Australia	_____
		Other Countries (Specify)	_____
		Total	_____

11. Total gross annual sales from all media: \$ _____

12. Approximate annual advertising or promotional expenditures: _____

Legal Procedures

13. 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

14. Percentage of indemnification provided by author through publishing contract. _____%

15. 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 in books or other materials?

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.

16. 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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17. 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.

18. Policy limit required:

\$ _____

19. Self-insured retention:

\$ _____

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

20. Do you require coverage for Authors?

Yes No If yes, attach a written description of your arrangement for providing coverage for authors.

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 current titles of book order list
- Current financial statement or annual report
- Description of standard procedures for checking originality, works, accuracy or content, title clearance, etc.
- Copy of standard publisher-distributor agreement
- Copies of standard release forms used for photographs, creative work of employees, etc.
- Copies of periodical publications, monographs, brochures, cassettes, tapes
- An experience resume of key personnel if in business less than three years



Media/Professional Insurance

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We Insure Free Speech Worldwide®

Agent or Broker:

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