

# MAGAZINE 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: \_\_\_\_\_

(     )

5. Date purchased by present owner: \_\_\_\_\_

6. Gross annual revenues from publishing activities: \$ \_\_\_\_\_

### 7. Publications

A. List all publications to be insured:

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation
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B. Check primary circulation area:

International  
  National  
  Rural  
  Suburban  
  Metro  
  Regional  
  Campus  
  Controlled Circulation  
  Other

### 8. Editorial Procedures

A. 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: \_\_\_\_\_

B. Are editors familiar with current libel law? Yes  No

C. Are letters-to-the-editor edited? Yes  No

D. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies? Yes  No

E. Does the publisher engage in "investigative" reporting or exposés? If so, describe methods for documenting sources of information. Yes  No

F. Are written releases obtained from persons appearing in photographs or from photo agencies? Yes  No

G. Do freelance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? Yes  No

If yes, please attach copy of warranty.

H. Is a disclaimer issued with respect to technical information or advice? Yes  No

I. Have the titles of all publications been cleared? Yes  No

9. List membership in industry groups or associations: \_\_\_\_\_

Please Complete Reverse Side

10. 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 or advertised in a magazine publication?

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.

11. 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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12. 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.

13. Policy limit required:

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

14. 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 FRAUD 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:

- Three different copies of each publication or a manuscript if publication is new
- Advertising materials about applicant's operation
- Current financial statement or annual report
- Experience resumes of publisher and editor if applicant has been in operation less than five years
- Description of procedure for processing unsolicited ideas, manuscripts, articles, etc.



**Media/Professional Insurance**

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