



AXIS Insurance
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AXIS HAS THE ABILITY TO OFFER COVERAGE ON AN OCCURRENCE FORM POLICY BASIS, ON A CLAIMS-MADE POLICY BASIS, AND WITH CLAIMS-MADE COVERAGES ATTACHED TO AN OCCURRENCE FORM POLICY.

SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY MAY CONTAIN COVERAGES THAT ARE PROVIDED ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

ABOUT THIS APPLICATION

- The term "Applicant," herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Respond to all questions completely, leaving no blanks. Check responses when requested.
- If space is insufficient, continue responses on your letterhead.
- This Application must be completed, dated, and signed by an authorized officer of the entity identified in the section entitled "Applicant Information" below.

IF COVERAGE IS ALSO DESIRED FOR:

- Technology Services Errors & Omissions or services you provide for others please complete the Technology Services Supplemental Application.
- Data Security and Privacy please complete the Data Security and Privacy Supplemental Application.



APPLICANT INFORMATION

1. First Named Insured (including DBAs): _____

Mailing Address: _____

Primary Website: _____

Date applicant was established: _____

2. Applicant is:

Individual Partnership Corporation LLC Non-profit Other (describe): _____

3. Are there other Named Insureds and/or subsidiaries or other related entity(ies) (including DBAs) for which coverage is desired?

Yes No

If yes, please provide a list of entities for which coverage is desired, and describe your relationship to such entity:

4. Do you desire coverage for joint ventures in which you participate?

Yes No

If yes, list the name of each joint venture, describe your role and percentage (%) interest: _____

With respect to the joint venture(s) described above:

A. Do you require coverage for your participating interest only? Yes No

B. Are you contractually required to provide coverage for the entire joint venture including all joint venturers? Yes No

5. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 3.? Yes No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 3.? Yes No

If 5.A. or 5.B. are answered yes, provide complete details: _____

6. Within the past five years has applicant:

A. Changed name? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated with another entity? Yes No

7. Is the applicant currently a member of the NAB? Yes No

8. Does applicant belong to any professional associations or trade groups? Yes No

If yes, please advise to which professional associations or trade groups the applicant belongs: _____



PROPOSAL REQUIREMENTS

Limit of Liability desired: \$ _____

Retention: \$ _____

BROADCASTING ACTIVITIES

Complete Only The Following Parts Applicable To The Insurance For Which You Are Applying.

1. A. Radio Broadcasting

Call Letters (AM or FM): _____
Location (City & State): _____
Percentage Simulcast _____
Highest 60-Second Advertising Spot Rate: _____
Average 60-Second Advertising Spot Rate: _____
Programming Format: _____

B. Television Broadcasting

Call Letters: _____
Location (City & State) _____
Percentage Simulcast _____
Highest Hourly Advertising Program
Rate: _____
Average Hourly Advertising Program
Rate: _____
Network Affiliation: _____

CABLE TV SYSTEM OPERATOR**2. A. Name of Cable System(s):** _____

Location (City & State): _____

Number of Subscribers: _____

B. Does cable system broadcast any original programming produced by the Cable TV System Operator?

Yes No

If yes, please provide the following information:

Description of programming: _____

Number of hours per week: _____

C. Does any cable television system lease channels, in whole or in part, to others? Yes No

If yes, does the cable television system require a hold harmless and indemnity agreement from the lessee with respect to claims arising from lessee's programming? Yes No



D. Does any cable television system operate an Access Channel(s)? Yes No

If yes:

How many Access Channels are available to the community? _____

Describe the programming available on each Access Channel: _____

Does the cable television system furnish Access Channel program providers with written guidelines regarding programming standards and requirements? Yes No

Does the cable television system require Access Channel program providers to secure and maintain Producers Errors & Omissions insurance for such programming and include the cable television system as an Additional Insured on the policy? Yes No

FINANCIAL INFORMATION

| | REVENUE (and/or Budget for non-profits) Current Fiscal Year | REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year |
|--|---|--|
| Broadcasting: _____ | \$ _____ | \$ _____ |
| Cable TV Operators: _____ | \$ _____ | \$ _____ |
| Film and Program Production for others (describe): _____ | \$ _____ | \$ _____ |
| Other (describe): _____ | \$ _____ | \$ _____ |
| TOTAL REVENUE (BUDGET): | \$ _____ | \$ _____ |

RISK MANAGEMENT, LEGAL REVIEW, EDITORIAL, LICENSING AND CLEARANCE PROCEDURES

Answer the following questions with consideration of media liability related issues, including but not limited to, defamation, invasion of privacy, infringement of copyright or trademark, and errors & omissions.

RISK MANAGEMENT AND LEGAL REVIEW:

1. Do you have a Risk Manager? Yes No

If yes, name of Risk Manager: _____

2. Do you have an in-house legal department? Yes No

If yes:

A. Name of General Counsel: _____

B. How many attorneys specialize in media liability related issues? _____

C. Describe your procedures for engaging in-house counsel with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues: _____

3. Do you utilize outside law firms with respect to media liability issues? Yes No

If yes, list name of law firms used: _____

4. Describe your procedures for utilizing outside law firms with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues or claims: _____

5. Do you engage in investigative reporting or exposés? Yes No

If yes, describe: _____

A. Do you rely on confidential sources? Yes No



If yes, describe your editorial process: _____

- B. Describe your practices for documenting sources of information: _____
 - C. Do you use hidden cameras or microphones, go undercover or use other methods of surreptitious information gathering?
 Yes No
 - D. Do you participate in "ride-alongs" with law enforcement, medical emergency services or private investigators?
 Yes No
6. Is a disclaimer used with respect to technical information or advice? Yes No

7. Describe your procedure for handling requests for retractions or corrections: _____

8. Do you have formalized, written guidelines for handling requests for retractions or corrections? Yes No

EDITORIAL:

9. Describe your procedures to ensure the accuracy and originality of matter/content created by you in-house:

10. Describe your procedures to check the accuracy and originality of matter/content created for you by independent contractors (such as freelance writers, photographers, artists): _____

11. Approximately what percentage of matter/content is:

- A. Created by you in-house: _____%
- B. Provided by independent contractors: _____%
- C. Obtained from newswires, syndicates, stock photo houses, other (describe: _____): _____%

12. Do you accept unsolicited matter/content? Yes No

If yes, describe your procedure for processing and documenting the receipt of unsolicited matter/content:

13. Do you publish, broadcast or disseminate matter/content in a language other than English? Yes No

If yes, describe: _____

14. Do you allow users to upload video, audio or any other third-party content to any website(s) you own or operate?

Yes No

If yes, please respond to the following questions:

- A. Do you screen such uploaded content before it is posted on website(s)? Yes No
- B. Do you have actual knowledge of content on your site that might infringe on any intellectual property or other rights of third parties? Yes No
- C. Do you receive a financial benefit directly attributable to that user-uploaded video or audio content? Yes No
- D. Do you have take down procedures in the event you are notified that user-uploaded video, audio or other third party content may infringe another's intellectual property rights? Yes No
If yes, please attach the take down procedures your company has adopted for such notifications.
- E. Have you implemented a termination policy for users of your website(s) who are repeat infringers? Yes No



- F. Do you use filters or other software to screen your site for copyrighted user-uploaded video or audio content?
 Yes No

If yes, please explain: _____

LICENSING AND CLEARANCE:

15. Do you enter into contracts with freelancers and independent contractors that provide matter/content to you?

Yes No

If yes:

Does your contract contain an assignment of rights in the matter/content provided to you in any medium including digital and electronic format? Yes No

16. Do you require an indemnity in your favor with respect to claims arising from the matter/content provided to you by independent contractors? Yes No

17. Do you require indemnities in your favor to be backed up by insurance? Yes No

18. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No

PRIOR INSURANCE AND CLAIM EXPERIENCE

1. A. During the past three years, has any similar insurance been issued to applicant? Yes No

If yes, complete the following:

Company: _____
Policy Number: _____
Limits: _____
Deductible: _____
Coverage Dates: _____
Premium: _____

- B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.) Yes No If yes, give details: _____

- C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations? Yes No

2. A. Have any claims, suits or proceedings been made during the past five years against the applicant or any of the applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees? Yes No

If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

- B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 2.A. above? Yes No

If yes, please explain and provide details: _____\



3. In the past five years, has the applicant been served with any subpoenas seeking documents or information related to the applicant's newsgathering activities? Yes No

If yes, please describe circumstances including costs associated with responding to the subpoena(s). _____

4. In the past five years, has the applicant been the subject to an investigation or proceeding instituted by the FCC, FTC or similar governmental body related to the coverage being applied for? Yes No

If yes, please describe circumstances including costs associated with responding to the investigation or proceeding.

5. Have any of you or any of your predecessors in business, subsidiaries or affiliates or any of their past or present partners, owners, directors, officers, or employees been investigated and/or cited by any regulatory agency for privacy related violations arising out of your business activities?

Yes No

REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name

Name (signature)



Title

Date

TO BE COMPLETED BY PRODUCERS ONLY:

| RETAIL PRODUCER | | WHOLESALE PRODUCER | |
|-----------------------|--|-----------------------|--|
| Producer Name: | | Producer Name: | |
| City, State: | | City, State: | |
| Telephone No.: | | Telephone No.: | |
| License No.: | | License No.: | |

PRODUCER SIGNATURE:



STATE FRAUD STATEMENT

ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

ARKANSAS

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.

COLORADO

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 agencies.

DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA

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 of the third degree.

KANSAS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY

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.



LOUISIANA

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.

MAINE

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.

MARYLAND

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO

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.

NEW YORK

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 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.

OHIO

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.

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;



- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

PENNSYLVANIA

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.

PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND

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.

TENNESSEE

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.

VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA

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.



WASHINGTON

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.

WEST VIRGINIA

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.