



**AXIS INSURANCE COMPANY**

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Alpharetta, GA 30009

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[www.axiscapital.com/insurance/professional-liability](http://www.axiscapital.com/insurance/professional-liability)

**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.**

**NEW BUSINESS APPLICATIONS**

- "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.

**CHECK ALL MEDIA ACTIVITIES FOR WHICH YOU ARE APPLYING FOR INSURANCE:**

- ☐ Advertising Agency or Public Relations Firm
- ☐ Advertiser (advertising performed by you or on your behalf)
- ☐ Author
- ☐ Book Publisher
- ☐ Broadcaster – Radio, Television or Cable TV stations
- ☐ Cable TV System Operator
- ☐ Magazine/Newsletter/Periodical Publisher
- ☐ Newspaper Publisher
- ☐ Public Appearances (including speaking engagements and freelance writing)



- ☐ Website Publisher  
☐ Multimedia (describe): \_\_\_\_\_  
☐ Other (describe): \_\_\_\_\_

**IF COVERAGE IS ALSO DESIRED FOR:**

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

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**APPLICANT INFORMATION**

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**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. 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:

\_\_\_\_\_

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#### PROPOSAL REQUIREMENTS

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Limit of Liability desired: \$ \_\_\_\_\_

Retention: \$ \_\_\_\_\_

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#### MEDIA ACTIVITIES

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*Complete only the following parts applicable to the insurance for which you are applying.*

1. Describe your media organization and your media activities: \_\_\_\_\_

#### ADVERTISER

Coverage for advertising performed by you on your behalf.

2. A. List advertising agencies used: \_\_\_\_\_

1) Are written hold harmless or indemnity agreements in your favor required from advertising agencies? ☐ Yes ☐ No

2) Are advertising agencies required to provide evidence of insurance to support the hold harmless or indemnity agreements? ☐ Yes ☐ No



**B. Please check the appropriate box for each of the following:**

- 1) Does applicant engage in comparative advertising? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

- 2) If employees or others make creative contributions to advertising, ☐ Yes ☐ No  
are written releases obtained from them?

- 3) Has applicant been cited by any regulatory agency for violations ☐ Yes ☐ No  
arising out of its advertising activities?

If yes, please explain: \_\_\_\_\_

**C. Provide the approximate percentage of advertising expenditures in the following media:**

Radio	____%	Magazines	____%
Television	____%	Catalog/mail order	____%
Newspapers	____%	Internet	____%
Other	____%		

(specify): \_\_\_\_\_

**D. Annual revenue from all business activities: \$\_\_\_\_\_**

**E. Annual advertising expenditures: \$\_\_\_\_\_**

**ADVERTISING AGENCY**

**3. A. List major clients and description of their business:**

\_\_\_\_\_

**B. Do any of applicant's clients produce or manufacture:**

☐ Tobacco ☐ Firearms ☐ Alcoholic beverages ☐ Pharmaceuticals

**C. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**D. Is applicant a "full service" advertising agency? ☐ Yes ☐ No**

If no, state area of specialization: \_\_\_\_\_

**E. Does applicant's contract with clients always provide for client sign-off and approval? ☐ Yes ☐ No**

Attach a specimen copy of client contract.



**F. Does applicant obtain written releases with respect to creative material or talent from the following:**

Employees? ☐ Yes ☐ No

Models? ☐ Yes ☐ No

Free-lance photographers, writers, composers, artists, musicians? ☐ Yes ☐ No

Others appearing in commercials or advertisements? ☐ Yes ☐ No

**G. Does applicant develop trademarks?** ☐ Yes ☐ No

If yes, describe trademark search and clearance procedures:

Does applicant obtain final trademark opinion for clearance or is the client responsible for obtaining?

Number of trademarks developed per year: \_\_\_\_\_

**H. Provide the approximate percentage of work performed in the following activities:**

____%	Billboards
____%	Crisis Management
____%	Direct Mail
____%	Events
____%	Email Marketing
____%	Internet Advertising
____%	Lobbying
____%	Please describe: _____
____%	Mail Order/Production of Catalogs
____%	Market Research
____%	Media Buying/Media Placement
____%	Medical/Pharmaceutical Advertising
____%	Mobile/Wireless Advertising
____%	Package Design/Display Design/Product Design
____%	Pay-per-click or Pay-per Acquisition
____%	Political Advertising
____%	Printing (or assumption of liability for printing by others on your behalf)
____%	Promotions, contests, games, sweepstakes
____%	Please describe: _____
____%	Public Relations
____%	Print Material
____%	Radio or Television Commercial Production
____%	Search Engine Marketing/Optimization
____%	Web Hosting
____%	Website design/development (content only; "look and feel")
____%	Website design/development (infrastructure, including programming)
____%	Please describe: _____
____%	Other Advertising Activities
____%	Please describe: _____
____%	Other Consulting Activities related to Advertising, Marketing and Communications
____%	Please describe: _____

Does the applicant provide any marketing or advertising software or platforms as a service? ☐ Yes ☐ No

If yes, describe:



<b>I. DOMESTIC AND FOREIGN BILLINGS</b>	<b>BILLINGS* CURRENT FISCAL YEAR</b>	<b>BILLINGS* ESTIMATED NEXT FISCAL YEAR</b>
United States:	\$ _____	\$ _____
Canada:	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>GROSS INCOME:**</b>	Current Fiscal Year: \$ _____	Estimated Next Fiscal Year: \$ _____

\*BILLINGS: Billings includes amounts invoiced to clients and includes the total of amounts paid to outside vendors, or pass through costs. (Billings = Gross Income + Pass Through Costs)

\*\* GROSS INCOME (i.e. - revenue): Gross income includes the portion of client billings related to media commissions, production markups, fees, and hourly staff and incentive/performance compensation billings, and excludes pass through costs. (Gross Income = Billings - Pass Through Costs)

#### AUTHOR – BOOKS

4. A. Title of work to be insured: \_\_\_\_\_

B. Synopsis of publication: \_\_\_\_\_

C. Scheduled or original date of publication: \_\_\_\_\_

D. Type of work: (check appropriate box)

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

E. Number of copies (including reprints) to be printed/distributed during the proposed policy term:

Hardback: \_\_\_\_\_ Paperback: \_\_\_\_\_

F. Advance paid by publisher: \$ \_\_\_\_\_

G. 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: \_\_\_\_\_

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

1) Appearing in photographs or artistic representations? ☐ Yes ☐ No

2) Contributing material to the work? ☐ Yes ☐ No

3) Quoted or paraphrased? ☐ Yes ☐ No

If no, explain in detail: \_\_\_\_\_

I. Name and address of publisher: \_\_\_\_\_

J. Will the book be self-published? ☐ Yes ☐ No

If yes, how will work be distributed? \_\_\_\_\_



K. Estimated revenues: \$ \_\_\_\_\_

L. Please provide a copy or link to your manuscript, and a copy of the vetting letter by legal counsel if one has been done.

#### BOOK PUBLISHER

5. A. Types of books published: (please provide approximate percentage for each of the following categories)

____%	Biography, autobiography	____%	History	____%	Social, political commentary
____%	Celebrity	____%	"How-to-do-it"	____%	Technical
____%	Children's	____%	Investigative reporting, exposé	____%	Textbooks
____%	Classics	____%	Poetry	____%	Other
____%	Fiction	____%	Religious		(specify): _____
				100%	TOTAL

B. For current fiscal year, specify number of: \_\_\_\_\_ Original titles \_\_\_\_\_ Reprints

#### BROADCASTER

6. A. *Radio Stations*

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

B. *Television Stations*

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

#### CABLE TV SYSTEM OPERATOR

7. 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

## MAGAZINE PUBLISHER

**8. A. Schedule of Publications:**

Name: \_\_\_\_\_  
Average Circulation: \_\_\_\_  
Frequency of Circulation: \_\_\_\_

**B. Check primary circulation area:**

☐ International ☐ National ☐ Regional ☐ Metro ☐ Suburban ☐ Rural ☐ Campus  
☐ Other – specify: \_\_\_\_

## NEWSPAPER PUBLISHER

**9. A. Schedule of Publications:**

Name: \_\_\_\_  
Average Circulation: \_\_\_\_  
Frequency of Circulation: \_\_\_\_

**B. Check primary circulation area:**

☐ International ☐ National ☐ Regional ☐ Metro ☐ Suburban ☐ Rural ☐ Campus  
☐ Controlled Circulation ☐ Other – specify: \_\_\_\_

## PUBLIC APPEARANCE

Complete applicable sections only:

**10. A. Public Speaking, Speeches, Press Conferences, Media Interviews, Panel Discussions, Seminars**

- 1) Number of appearances per year: \_\_\_\_
- 2) Type of content: \_\_\_\_





**B. Personal Appearances on Radio, Television, Cable Television or the Internet**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) Type of content: \_\_\_\_\_
- 3) Format or description of participation: \_\_\_\_\_

**C. Advertisements in Any Medium in Which Applicant Appears as an Actor, Announcer, Spokesperson or Endorser of any Product or Service**

- 1) Number of appearances per year: \_\_\_\_\_
- 2) List clients and products and/or services being endorsed: \_\_\_\_\_
- 3) Does the client indemnify and hold the applicant harmless for claims arising out of their trademarks, products and/or services? \_\_\_\_\_

**D. Other:**

Describe: \_\_\_\_\_

	Revenue – Current Fiscal Year	Revenue – Next Fiscal Year
<b>E. 1) Public speaking, speeches, press conferences, media interviews, panel discussions, seminars</b>	\$_____	\$_____
2) Appearances on radio, television, cable television or the Internet	\$_____	\$_____
3) Appearances in advertisements through any medium as actor, announcer, spokesperson or endorser	\$_____	\$_____
4) Other (specify): _____	\$_____	\$_____

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**MISCELLANEOUS PROFESSIONAL SERVICES PERFORMED FOR OTHERS**

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**1. A. Describe all other services performed for others for which coverage is sought: \_\_\_\_\_**

What is the annual revenue derived from these services? \_\_\_\_\_

**B. Are commercial printing services performed for others? ☐ Yes ☐ No**

If yes, describe types of material printed: \_\_\_\_\_

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**FINANCIAL INFORMATION FROM MEDIA ACTIVITIES**

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1.	REVENUE (and/or Budget for non- profits) Current Fiscal Year	REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year
Advertising Agency or Public Relations Firm	\$_____	\$_____
Author	\$_____	\$_____
Book Publisher	\$_____	\$_____
Broadcaster – Radio, Television or Cable TV	\$_____	\$_____
Cable TV System Operator	\$_____	\$_____
Commercial Printing for Others	\$_____	\$_____
Magazine/Newsletter/Periodical Publisher	\$_____	\$_____
Multimedia	\$_____	\$_____
Newspaper Publisher	\$_____	\$_____
Public Appearance	\$_____	\$_____
Website Publisher	\$_____	\$_____
Other - describe: _____	\$_____	\$_____
<b>TOTAL MEDIA REVENUE (BUDGET):</b>	\$_____	\$_____



**2. Domestic and Foreign Revenue (and/or budget for non-profits)**

United States: \$ \_\_\_\_\_  
Canada: \$ \_\_\_\_\_  
Other - specify: \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL:** \$ \_\_\_\_\_

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

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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:

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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):

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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:

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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 taken 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

#### MUSIC AND SOCIAL MEDIA:

**19. Do you have social media governance policies (e.g. legal counsel must sign off on posts before they are made public or outlining what kinds of third-party content can be posted)?** ☐ Yes ☐ No

**20. Are you relying on a "blanket" license for music?** ☐ Yes ☐ No

If yes:

Have you confirmed that license extends to synchronization and sound recording rights? ☐ Yes ☐ No

**21. Do you incorporate sound recordings into any audio-visual work posted to the Internet (website, social media (e.g., Facebook, YouTube, etc.)?)** ☐ Yes ☐ No

If yes:

Please confirm that you have secured the synchronization rights (and master use license) for the use of any such music.

☐ Yes ☐ No

**22. Please advise if:**

A. You have conducted a search and review of historical videos posted to its website or social media? ☐ Yes ☐ No

B. You have removed any videos – current or historical – for which synchronization rights have not been secured or you cannot confirm synchronization rights have been secured? ☐ Yes ☐ No

C. If you have selected "No" in 22.A. or 22.B. above, please explain why:

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**23. Do you have a process for reviewing old social media posts?** ☐ Yes ☐ No

If "Yes", please describe what those procedures are:

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#### NON-FUNGIBLE TOKEN (NFT):

**24. Do you mint NFTs?** ☐ Yes ☐ No

If "Yes", please describe the nature of the NFTs and the estimated number:

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**25. What is the projected annual revenue from the sale of NFTs. \$ \_\_\_\_\_**



**26. Describe your procedures for utilizing in-house counsel or outside law firms with respect to NFT-related issues, including the minting of NFTs and sales:**

\_\_\_\_\_

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**PRIOR INSURANCE AND CLAIM EXPERIENCE**

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**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



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## REPRESENTATIONS AND SIGNATURE

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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.*

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**Name**

**Name (signature)**

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**Title**

**Date**



**TO BE COMPLETED BY PRODUCERS ONLY:**

RETAIL PRODUCER		WHOLESALE PRODUCER	
<b>Producer</b>		<b>Producer</b>	
<b>Name:</b>		<b>Name:</b>	
<b>City, State:</b>		<b>City, State:</b>	
<b>Telephone No.:</b>		<b>Telephone No.:</b>	
<b>License No.:</b>		<b>License No.:</b>	

**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.