Claim Expenses (the costs of providing a defense to a claim or suit) may reduce and erode the Limits of Liability available to pay any judgment or settlement, or they may be paid in addition to the Limits of Liability, as indicated in the Policy if issued to the Applicant.

PLEASE CAREFULLY READ AND COMPLETE THE APPLICATION, INCLUDING THOSE SECTIONS APPLICABLE TO THE COVERAGES REQUESTED, AND ALL APPLICABLE SUPPLEMENTAL APPLICATIONS.

**NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY MEDIA, PRODUCTIONS, SERVICES, PERSONS OR OTHER ITEMS REFERENCED HEREIN WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND.**

**SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.**

|  |
| --- |
| APPLICANT INFORMATION |

|  |  |
| --- | --- |
| 1.1 | Proposed Named Insured (This is how the name and address of the Named Insured will read on the Declarations Page if coverage is bound and a Policy is issued.): |
|  | Name: |       |
|  | Mailing Address: |       |
|  | City, State, Zip: |       |
|  | County: |       |
|  | Phone: |       |
| 1.2 | Website Address(es): |       |
| 1.3 | Date Established: |       |
| 1.4 | Is Applicant a: | [ ]  sole-proprietor [ ]  partnership [ ]  LLC [ ]  corporation [ ]  joint-venture[ ]  non-profit [ ]  individual [ ]  other, describe:       |
| 1.5 | Description of Operations: |
|  |       |

|  |
| --- |
| **FOR THE REMAINDER OF THIS APPLICATION, “*APPLICANT*” REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).** |

|  |
| --- |
| desired LIMITS / RETENTION OPTIONs and effective date |

|  |  |
| --- | --- |
| 2.1 | Specify the following details for Media Liability Coverage: |

| **Each Claim / Wrongful Act Limit** | **Aggregate Limit** | **Retention** |
| --- | --- | --- |
| [ ]  $500,000 or [ ]  $1,000,000 | [ ]  $500,000 or [ ]  $1,000,000 | [ ]  $5,000 or [ ]  $10,000 |

|  |  |  |
| --- | --- | --- |
| 2.2 | Effective Date: |       (mm/dd/yyyy) |

|  |
| --- |
| organizational structure |

|  |  |
| --- | --- |
| 3.1 | Please list all subsidiaries, or other related or affiliated entities (and indicate their DBA(s), if applicable), for which coverage is desired. If none, please indicate none: |

| **Name of Entity** | **Nature of Operations** | **% Ownership** | **Coverage Desired** |
| --- | --- | --- | --- |
|       |       |    % | [ ]  Yes [ ]  No |
|       |       |    % | [ ]  Yes [ ]  No |
|       |       |    % | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 3.2 | Is Applicant owned by, controlled by or affiliated with any other entity or organization? | [ ]  Yes [ ]  No |
|  | If Yes, identify the entity or organization and explain the relationship:       |
| 3.3 | Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity? | [ ]  Yes [ ]  No |
|  | If Yes, please complete the following: |

|  | **Transaction** | **Did Applicant Assume Any** |
| --- | --- | --- |
| **Name of Entity** | **Date** | **Type** | **Assets?** | **Liabilities?** |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |

|  |
| --- |
| REVENUE  |

|  |  |
| --- | --- |
| 4.1 | Please provide the following Revenue information regarding Applicant’s operations or services: |

| **Fiscal Year End****Date: \_\_\_     \_\_\_** (mm/dd/yyyy) | Past Year | Current Year | Next Projected Year |
| --- | --- | --- | --- |
| Media  | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |
| Other (Describe): | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |
| **Total Gross Revenue:** | US: | $ |       | US: | $ |       | US: | $ |       |
| Foreign: | $ |       | Foreign: | $ |       | Foreign: | $ |       |
| Total: | $ |       | Total: | $ |       | Total: | $ |       |

|  |  |
| --- | --- |
| 4.2 | If operating in foreign countries, please list those countries which are outside the United States, its territories or possessions, Puerto Rico or Canada:       |

|  |
| --- |
| magazine / newspaper publishing/ONLINE |

|  |  |
| --- | --- |
| 5.1 | Schedule of publications: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Location (City / State)** | **Frequency** | **Circulation** | **Format** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| 5.2 | Percentage of duplication if more than 2 publications: |    % |
| 5.3 | Circulation Area: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | International | [ ]  | National | [ ]  | Regional | [ ]  | Metro | [ ]  | Suburban |
| [ ]  | Rural | [ ]  | College | [ ]  | Controlled | [ ]  | Other, please describe       |

|  |  |
| --- | --- |
| 5.4 | Please list special publications, such as professional journals, directories, brochures, etc:       |
| 5.5 | Are “Letters to the Editor” edited? | [ ]  Yes [ ]  No |
| 5.6 | Do any of the publications focus on investigative reporting or investigative journalism? | [ ]  Yes [ ]  No |
|  | If Yes, describe how editorial staff ensures accuracy of content:       |
| 5.7 | Percentage of content contributed by the following: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Percent** |  | **Percent** |
| Employees: |    % | News / Feature Services: |    % |
| Freelance Writers / Stringers: |    % | Volunteers: |    % |

|  |
| --- |
| Risk management, EDitorial & legal procedures |

## legal ADVICE AND PROCEDURES

|  |  |
| --- | --- |
| 6.1 | Inside Counsel / Outside Law Firm: |

|  | **In-house Counsel** | **Outside / Clearance Law Firm** |
| --- | --- | --- |
| Contact Name: |       |       |
| Firm Name: |       |       |
| Address: |       |       |
| Phone #: |       |       |
| Email Address: |       |       |

|  |  |
| --- | --- |
| 6.2 | Is in-house legal counsel or outside counsel retained to review any of the following for the Applicant:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Clearance procedures: | [ ]  Yes [ ]  No | Hold harmless / indemnification agreements: | [ ]  Yes [ ]  No |
| Complaints: | [ ]  Yes [ ]  No | Licensing issues: | [ ]  Yes [ ]  No |
| Contracts or agreements: | [ ]  Yes [ ]  No | Releases: | [ ]  Yes [ ]  No |
| Disclaimers: | [ ]  Yes [ ]  No | Trademark and copyright / other intellectual property: | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| 6.3 | Is there an outside legal counsel or law firm on retainer? | [ ]  Yes [ ]  No |
|  | If Yes, for what types of issues:       |
| 6.4 | Does in-house legal counsel or outside counsel review the content of all media and film or other entertainment productions, including but not limited to publications, broadcasts, websites, social media, public speeches or statements and advertising materials? | [ ]  Yes [ ]  No |

## media PROCEDURES

|  |  |  |
| --- | --- | --- |
| 6.5 | Does the Applicant have a procedure in place for reviewing and processing unsolicited submissions of matter or content? | [ ]  Yes [ ]  No |
| 6.6 | Are written disclaimers utilized in respect to financial, legal or medical advice given to clients or other parties? | [ ]  Yes [ ]  No |
| 6.7 | Have procedures been implemented to handle and respond to complaints? | [ ]  Yes [ ]  No |
| 6.8 | Describe Applicant’s procedures to ensure the accuracy and originality of content created: |
|  | 1. By employees and others internally:
 |
|  | 1. By independent contractors (freelance writers, photographers, artists):
 |
| 6.9 | Are written consents procured in advance (prior to release to the public) for unoriginal content or material contained in any media or work product? | [ ]  Yes [ ]  No |
|  | If No, please describe the efforts taken:       |
| 6.10 | Does Applicant produce, publish or distribute media in any language other than English? | [ ]  Yes [ ]  No |
|  | If Yes, please describe:       |
| 6.11 | Does Applicant use independent contractors for any services? | [ ]  Yes [ ]  No |
|  | 1. If Yes, what specific activities do they perform; and what percentage of Applicant’s total revenues are derived from activities performed by independent contractors?
 |
|  | 1. Describe what controls Applicant has in place to ensure the quality of work performed by independent contractors:
 |
|  | 1. Does Applicant use a written contract with independent contractors?
 | [ ]  Yes [ ]  No |
| 6.12 | Are hold harmless/indemnification provisions included in written agreements between the Applicant and independent contractors that provide content and/or services to the Applicant? | [ ]  Yes [ ]  No |
|  | If Yes, does the agreement include assignment of rights in any medium, including digital and electronic format? | [ ]  Yes [ ]  No |
| 6.13 | Are subcontractors and/or independent contractors or others providing services to Applicant or on Applicant’s behalf required to provide proof of insurance? | [ ]  Yes [ ]  No |
| 6.14 | Approximately what percentage of matter/content is: |

|  |  |
| --- | --- |
| **Type** | **Percentage** |
| Created in-house: |    % |
| Provided by Independent Contractors: |    % |
| Obtained by news syndicates / stock photo houses: |    % |
| Other, please describe:       |    % |
| Total:  | 100% |

|  |  |  |
| --- | --- | --- |
| 6.15 | Does Applicant stream any content over website(s)? | [ ]  Yes [ ]  No |
|  | 1. If Yes, does Applicant pay licensing fees to ASCAP, BMI, SESAC or other organizations for the content that is streamed?
 | [ ]  Yes [ ]  No |
|  | 1. If No, please provide details:
 |
| 6.16 | Do appropriate employees and independent contractors receive training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? | [ ]  Yes [ ]  No |
| 6.17 | Does the Applicant develop any trademarks or service marks? If Yes: | [ ]  Yes [ ]  No |
|  | 1. How many are developed annually?
 |       |
|  | 1. Are trademark or service mark searches performed?
 | [ ]  Yes [ ]  No |
|  | If Yes, by whom?       |
|  | 1. Does Applicant have written procedures in place to clear trademarks, service marks or material that may be protected by copyright?
 | [ ]  Yes [ ]  No |
|  | 1. Describe Applicant’s clearance procedure for trademarks, services and copyrighted material:
 |

|  |
| --- |
| PLEASE ATTACH A COPY OF YOUR CLEARANCE PROCEDURES**.** |

|  |  |  |
| --- | --- | --- |
|  | 1. Does the Applicant have a procedure in place to regularly review all copyright, trademark and service mark license agreements to ensure they are current and the trademark or copyrighted material is being utilized correctly and in a manner consistent with the scope of agreed upon rights?
 | [ ]  Yes [ ]  No |
|  | 1. Does Applicant always follow an established procedure for detecting or editing controversial, offensive, or infringing material from Applicant’s website or Internet service?
 | [ ]  Yes [ ]  No |
|  | 1. Is there an immediate take down policy?
 | [ ]  Yes [ ]  No |

## quality control and procedures

|  |  |
| --- | --- |
| 6.18 | What does Applicant see as its greatest potential exposure(s) arising out of the services for which it is seeking coverage?       |
| 6.19 | What safeguards does Applicant employ to avoid claims or reduce Applicant’s exposures?       |
| 6.20  | Does Applicant have a written complaint resolution policy or procedure relating to its services? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| 7.1 | Prior Professional Liability Insurance for the last three years: |

|  |
| --- |
| CURRENT / prior coverage |

| **Coverage Type** | **Policy Period** | **Carrier** | **Limits** | **Deductible** | **Premium** | **Claims-Made or Occurrence** |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| 7.2 | Is any extended reporting period currently in force? | [ ]  Yes [ ]  No |
|  | If Yes, provide the duration, expiration date and coverage type of the extended reporting period:       |
| 7.3 | Has Applicant ever applied for Media Liability or any similar type of insurance and been denied, cancelled or non‑-renewed? If Yes, please explain in a separate attachment (Applicants located in the State of Missouri need not reply to this question). | [ ]  Yes [ ]  No |
| CLAIMS AND POTENTIAL CLAIMS INFORMATION |

**Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.**

The term “Applicant” as used below, means any proposed insured, including any individual or entity for whom coverage is sought.

|  |  |  |
| --- | --- | --- |
| 8.1 | During the past five (5) years, has any claim, suit, proceeding, investigation or demand been made or initiated against the Applicant or against any entity or individual proposed for coverage, in any way relating to the proposed insurance or any similar prior policy of professional liability insurance? | [ ]  Yes [ ]  No |
| 8.2 | In the past five years, has Applicant sued any of its clients for non-payment of fees or other amounts?  | [ ]  Yes [ ]  No |
|  | 1. If Yes, advise the number of times this has occurred
 | in the last twelve months:       | in the last five years:       |
|  | 1. In these instances, was the Applicant counter-sued?
 | [ ]  Yes [ ]  No |
| 8.3 | In the past five years, has any entity or professional employees of Applicant or other proposed insureds had their professional license(s) or certification(s) suspended or revoked? | [ ]  Yes [ ]  No |
|  | If Yes, please explain:       |
| 8.4 | Is the Applicant aware of any fact, circumstance, situation, demand, error or omission which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant, for which coverage under the proposed insurance may be sought?  | [ ]  Yes [ ]  No |
| 8.5 | In the past five (5) years, has Applicant or any of Applicant’s predecessors in business, affiliates, or past or present partners, owners, officers, sales persons or employees been investigated for wrongdoing or misconduct and/or cited or fined or otherwise penalized by any regulatory agency or governmental authority? | [ ]  Yes [ ]  No |
| 8.6 | Is the Applicant aware of any circumstance or situation involving: | [ ]  Yes [ ]  No |
|  | 1. Loss or compromise of private or confidential information or data?
 | [ ]  Yes [ ]  No |
|  | 1. Unauthorized access to the Applicant’s computer system?
 | [ ]  Yes [ ]  No |
|  | 1. Introduction of any virus, malware or malicious code into the Applicant’s computer system?
 | [ ]  Yes [ ]  No |
|  | 1. Damage to or destruction of data of the Applicant for which coverage under the proposed insurance may be sought?
 | [ ]  Yes [ ]  No |

|  |
| --- |
| **The policy for which the Applicant is applying, if issued, will not insure any claim, suit, proceeding or other matter disclosed, or which should have been disclosed, in response to the above; or any claim, suit proceeding or other matter that arises from any fact, circumstance, situation, demand, error or omission disclosed, or which should have been disclosed, in response to the above.** |

If the response was “Yes” to any of the questions in this Section VIII., please provide the following information in a separate attachment for any claim, suit, proceeding, circumstance, situation or other matter relating to the questions above:

|  |  |
| --- | --- |
| * A full description of any matter, including damages alleged, if applicable
 | * Current status
 |
| * Date the insurance carrier was put on notice
 | * Loss runs
 |
| * Amounts of: reserves; legal expenses paid; and settlements or judgments
 | * Steps implemented to prevent similar claims
 |

|  |
| --- |
| fraud warnings |

|  |
| --- |
| **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 and subjects that person to criminal and civil penalties.****(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).** |

**APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD only.

**APPLICABLE IN CO**

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.

**APPLICABLE IN FL AND OK**

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)\*. \*Applies in FL only.

**APPLICABLE IN KS**

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 commits a fraudulent insurance act.

**APPLICABLE IN KY, NY, OH AND PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**APPLICABLE IN ME, TN, VA AND WA**

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 and denial of insurance benefits. \*Applies in ME only.

**APPLICABLE IN NJ**

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

**APPLICABLE IN OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

|  |
| --- |
| REPRESENTATIONS |

|  |
| --- |
| ***This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.*** ***By signing this Application, Applicant represents the following:*** |
|  | ***The statements in the Application furnished to the Company are accurate and complete;*** |
|  | ***Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;*** |
|  | ***Those representations are a material inducement to the Company to provide a Quotation;*** |
|  | ***If a policy is issued, the Company will have issued this Policy in reliance upon those representations;*** |
|  | ***The Applicant agrees to notify the Company of any material change in the Applicant’s condition or in the Applicant’s activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued; and*** |
|  | ***The Company reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Company.*** |

***This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.***

|  |  |  |
| --- | --- | --- |
|  |  |       |
| **Signature of authorized representative of Applicant** |  | **Title of Authorized Representative** |
|       |  |       |
| **Type / Print name of authorized representative** |  | **Date** |
|       |  |  |
| **E-mail address of authorized representative** |  |  |