

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

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5. Date purchased by present owner: _____

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

6. Publications

A. List all publications to be insured:

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

International National Rural Suburban Metro Regional Campus Circulation Other

8. Editorial Procedures

Yes No

- A. Name and address of law firm consulted with respect to media law issues, including content review, Editorial procedure and complaint handling _____
Years of experience in media law _____
- B. Are editors familiar with current libel law? _____
- C. Are letters-to-the-editor edited? _____
- D. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies? _____
- E. Does the publisher engage in "investigative" reporting or exposes"? If so, describe methods for Documenting sources of information. _____
- F. Are written releases obtained from persons appearing in photographs or from photo agencies? _____
- G. Do freelance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? If yes, please attach a copy of the warranty. _____
- H. Is a disclaimer issued with respect to technical information or advice? _____
- I. Have the titles of all publications been cleared? _____

9. List membership in industry groups or association:

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; 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?

_____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 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 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 print or type)

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, articles, etc.

Agent or Broker:

Address, Zip Code:

Telephone: