

Media Advantage Policy[®]
Film, Program and Theatrical Producer Supplement

1. Name of **Applicant** _____

2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

3. Estimated Assets: \$ _____ Projected Revenues: \$ _____

4. Identify all additional insureds and explain relationship to **Applicant** _____

5. Scheduled Production Information

a. Production title _____

b. Name of producer _____

c. Name of author or writer _____

d. Brief description of story line _____

e. Please advise as to the genesis or inspiration for the production, i.e., book, original material, etc.

f. Estimated production budget: \$ _____

g. Approximate air or release date _____

Approximate length of time that production will be aired or released _____

Name of distributor _____

Term of "rights period" in distribution agreement _____

h. Is production based upon fictional or actual events? _____

i. Geographic distribution area of production _____

j. Have distribution rights been granted to a third party? Yes No

k. Have the production and clearance procedures been reviewed by counsel? Yes No

l. Has title of the production been cleared? Yes No

m. Has copyright report been obtained? Yes No

6. Type of Production — please circle all that apply:

Theatrical Release Television Motion Picture Cable Video Other _____

If production is for Television, is production a:

___ Weekly series ___ special ___ mini-series ___ movie

Length of production (i.e., 30 minutes, etc.) _____

If a series or mini-series, indicate number of episodes: _____

7. Systems, Operations and Clearance Procedures

a. Have all licenses, releases or consents been obtained from all performers, artists, musicians, etc., relative to the scheduled production? Yes No
If “no,” please advise why such agreements have not been obtained _____

b. Is the production an exposé or investigative work? Yes No
If “yes,” please explain method for documenting information _____

c. Is the production based upon an **unauthorized** biography? Yes No

d. Is the name or likeness of any living or deceased person used in the production? Yes No
If “yes,” have all consents been procured? Yes No

e. Will any film, video or news clips, photographs, recording or syndication, written matter, computer graphics or animation that is unoriginal to the scheduled publication be used in the production? Yes No
If “yes,” have the requisite licenses or consents been procured? Yes No
If “no,” please explain why _____

f. Will there be any colorization of black and white productions? Yes No

g. Have any rights in the scheduled production been licensed to a third party? Yes No
If “yes,” please advise _____

h. Will merchandise be generated from the scheduled production? Yes No
If “yes,” please describe and advise if all requisite licenses have been procured _____

i. Has a procedure been implemented regarding the receipt of unsolicited ideas, scripts or other information? Yes No

8. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Resumes of key individuals with list of other productions;
- ✓ Copies of licenses, consents, contracts and agreements with writers, actors, distributors, licensors, etc.;
- ✓ VHS video cassette tape or script of production; and
- ✓ If production has been reviewed by counsel, an opinion letter.
- ✓ If applicant is a distributor, a current list of films, videos, etc., that are distributed.



OneBeacon Insurance Company

Media Advantage Policy[®] Insurance Application

All Questions Must Be Answered Completely.

Attach Additional Sheet If Necessary.

The Coverage Supplement And All Attachments Must Be Included With This Application.

NOTE: Unless the policy form provides coverage for Defense Costs In Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

1. Applicant Information — This entity will be identified as the **Named Insured**.

Name of Applicant: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____

Corporation

Partnership

Individual

Joint Venture

Please identify memberships in any trade or professional organizations _____

Gross Annual Revenues from "media" activities: United States: \$ _____

Canada: \$ _____

International: \$ _____

Identify international media activities, by country, outside the United States and Canada. _____

2. Coverage Information (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ _____ Retention \$ _____

3. **Loss Prevention**

A. Media Counsel

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Firm contact _____

Is counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No

Does counsel conduct a review of the content of scheduled media? Yes No

Is counsel consulted regarding intellectual property issues? Yes No

Is counsel on retainer? Yes No

B. Operations

Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? Yes No

Does the **Applicant** engage in any online activities? Yes No

If "yes," please advise _____

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No

Does the **Applicant** require advertisers and/or advertising agencies to execute hold-harmless agreements regarding the content of advertising? Yes No

Does the **Applicant** utilize third parties to create content for scheduled media? Yes No

Are third parties required to execute hold-harmless agreements? Yes No

Are third parties required to provide proof of insurance? Yes No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or other content on the Internet? Yes No

4. Insurance and Claim Information

Has the **Applicant** or any subsidiary been involved in a media liability claim or law suit in the past five years? Yes No

If **“yes,”** please attach complete details including the amount of defense costs, any applicable retention, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Provide details on an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

Does the **Applicant** know of any situation that could give rise to a claim? Yes No

If **“yes,”** please attach complete details and advise whether the claim has been reported.

(In the State of Missouri, the following question does not apply.)

Have any media liability insurers ever canceled or non-renewed coverage? Yes No

If **“yes,”** please advise _____

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media _____ .

Was counsel retained to answer, object or otherwise respond to the subpoena? Yes No

Has the **Applicant** had media liability insurance in the past three years? Yes No

If **“yes,”** please identify the following or attach Declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application of 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 the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.

The statements made in this Application for insurance, the Coverage Supplement and in any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____

If this is your Agency's First Submission to First Media:

Name _____ License No. _____ Exp. Date _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____

Fax _____ E-Mail _____