



OneBeacon Insurance Company

Media Advantage Policy[®]

Personal Appearance and Media Contributor Supplement

1. Name of Applicant _____

2. Describe the nature of the services or activities for which coverage is desired _____

Is merchandising planned in connection with the work? Yes No

If "Yes," describe _____

3. Public speaking engagements, panel discussions and guest appearances on television or radio programs:

a. Number of engagements or appearances per year _____

b. Gross annual revenues derived from these activities \$ _____

c. Describe program format and **Applicant's** participation _____

d. Describe content discussed or disseminated _____

4. Contributing editor, author, free-lance writer or advisor for third-party publications:

e. Number of articles published per year as:

_____ Contributing Editor

_____ Contributing Author

_____ Free-lance Writer

_____ Publications Advisor

f. List publications to which **Applicant** has contributed or acted as advisor:

g. Describe the general subject matter of these articles: _____

h. Gross annual revenues derived from these activities \$ _____

5. Appearances as an actor, announcer or endorser in product or service advertisements for third parties.

i. Number of appearances per year _____

j. List companies for which **Applicant** has made previous appearances _____

k. Gross annual revenues derived from these activities \$_____

6. Does the Applicant provide one-on-one consulting or advice? **Yes** **No**

If "yes," please describe __ _____

7. Attachments

- ✓ Resume of **Applicant's** experience;
- ✓ Copy of the contract(s) for the activities to be covered; and
- ✓ Description or outline of the activity or services, including the nature of the content, to be covered.
- ✓ Sample copies of previous articles.



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 _____