

NEWSPAPER 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. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation and changes - refer to specimen policy.**

Street Address

City, State, Zip Code

Telephone Number

Web Site Address(es)

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?
 Yes No If yes, please attach a list of entities for which coverage is desired.

NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____

B. Geographic area in which applicant operates:
 Local Regional (multi-state) National International

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
 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 2?
 Yes No

If 4.A. or 4.B. are answered yes, provide complete details: _____

5. 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 operations with another entity? Yes No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

6. List membership in any press associations:

PUBLISHING/PRINTING ACTIVITIES

7. A. List all the publications to be insured:
(Attach list for additional publications.)

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of duplication
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B. Check primary circulation area:

Rural Suburban Metro Regional Campus Shopper Web site Other (specify) _____

FINANCIAL INFORMATION

8. A. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales, or fees (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales or fees (circle the applicable basis)	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including all Newspaper Publishing entities or operations to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales or fees (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales or fees (circle the applicable basis)	\$ _____	\$ _____	\$ _____

9. If commercial printing operations are to be insured, list estimate of gross annual revenues for the coming year from this activity: \$ _____

10. Estimated assets of all of applicant's operations: \$ _____
Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

EDITORIAL PROCEDURES

11. A. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____
Years of experience in media law: _____

	Yes	No
B. Are editors familiar with current media law?	<input type="checkbox"/>	<input type="checkbox"/>
C. If a school publication, is there faculty supervision? If yes, are faculty supervisors familiar with current media law?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Are letters-to-the-editor edited?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are written hold harmless indemnity agreements executed with advertisers and advertising agencies?	<input type="checkbox"/>	<input type="checkbox"/>
F. Does applicant engage in "investigative" reporting or exposés? If yes, describe methods for documenting sources of information: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
G. Are unsolicited articles or photographs accepted? If yes, please describe procedures for processing: _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
H. Does applicant maintain written retraction or complaint procedure guidelines?	<input type="checkbox"/>	<input type="checkbox"/>

12. Has any actual or threatened claim or suit been made against 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 or publicity; infringement of copyright, title, slogan, trademark, trade dress, trade name, 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 obtaining, gathering, reporting or disseminating matter published, printed, distributed or advertised or arising from Internet activities?

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, status or final disposition of the claim.

13. During the past three years, has any similar insurance been issued to applicant?

Yes No

If yes, complete the following:

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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14. Has any insurer declined, cancelled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)

Yes No

If yes, give details. Add attachment if needed.

15. Policy limit required:

\$ _____

16. 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 type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____

To complete this application, please submit:

- Advertising materials describing applicant's operations
- Completed, signed and dated Independent Contractors Supplement
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Experience resumé if in operation less than three years
- One copy of each publication
- Copies of standard contracts/hold harmless agreements with advertisers and advertising agencies

Media/Professional Insurance
 A division of Financial & Professional Risk Solutions, Inc.
 Two Pershing Square, Suite 800 2300 Main Street
 Kansas City, Missouri 64108-2404
 (816) 471-6118 Facsimile (816) 471-6119
www.mediaprof.com
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