

**MULTIMEDIA ORGANIZATIONS SUPPLEMENT**

ADDITIONAL INFORMATION REQUIRED: Please include the following information with this supplement:

- a. Complete copies of the latest editions of the Applicant's publications that have the three largest circulations;
- b. Copy of weekly programming guide for Applicants which own, operate or control any broadcast media;
- c. Copies of standard contracts entered into between the Applicant and any artists, composers, songwriters, lyricists, authors, writers or any other entities, who/which supply matter to the Applicant;
- d. Copy of the Applicant's censorship policy.

1. Name of Applicant: \_\_\_\_\_

2. Please provide the percentage of gross annual revenues derived from the following activities or services performed for the Applicant's clients:

	Current Fiscal Year*	Latest Fiscal Year Ended
a. Purchase or resale of advertising space or "airtime"	_____ %	_____ %
b. Purchase or resale of "infomercials"	_____ %	_____ %
c. Creation/preparation/production of advertisements	_____ %	_____ %
d. Creation/production of "infomercials"	_____ %	_____ %
e. Creation/preparation/production of content (other than advertisements) of print media	_____ %	_____ %
f. Creation/preparation/production of content (other than advertisements) of broadcast programming	_____ %	_____ %
g. Marketing consulting	_____ %	_____ %
h. Media consulting	_____ %	_____ %
i. Public relations consulting	_____ %	_____ %
j. Internet/Website Forum Manager, leader, guide or host	_____ %	_____ %
k. Web Site Design	_____ %	_____ %
l. On-Line Publishing, including creation, acquisition, preparation or production of content to be published over the Internet or World Wide Web**	_____ %	_____ %
m. Creation, acquisition, production, or distribution of audio/video recordings, or CD ROMS	_____ %	_____ %

n. Other (please provide details on separate sheet of paper)	_____ %	_____ %
Total:	100%	100%

(\*Projected and Annualized)

(\*\* Does not include advertising of the Applicant's services over the Internet)

3. Please provide the total dollar amount of the gross annual revenues which are passed through from the Applicant's clients to broadcasters, publishers, or intermediaries or media buyers who/which are not owned or controlled by the Applicant:

Current Fiscal Year*	\$ _____
Latest Fiscal Year Ended:	\$ _____
Prior Fiscal Year Ended:	\$ _____

(\*Projected and Annualized)

4. a. Has the Applicant or any entity under common ownership or control with the Applicant or its directors or officers ever owned, operated or controlled any broadcast, electronic or print media?  Yes  No

(If "Yes," please provide details including the identity of such media)

---

b. Does the Applicant or any of its directors or officers have any plans in the next twelve (12) months to acquire ownership or control of any broadcast, electronic or print media?  Yes  No

(If "Yes," please provide details on a separate sheet of paper.)

5. a. Under any circumstances has or will the Applicant create, prepare, produce, or disseminate advertisements or infomercials which contain warranties or guarantees?  Yes  No

(If "Yes," please detail the circumstances for accepting such assignments.)

---

b. Under any circumstances has or will the Applicant purchase or resell space or "airtime" for advertisements or infomercials which contain warranties or guarantees?  Yes  No

(If "Yes," please detail the circumstances for accepting such assignments.)

---

6. a. Under all circumstances prior to the dissemination of any matter of a proprietary or potentially proprietary nature, is such matter referred to and reviewed by qualified legal counsel to ensure that the Applicant has the necessary rights to disseminate such matter, and that the Applicant will not infringe upon any copyrights, patents or other intellectual property rights of others in disseminating such matter?  Yes  No

b. If the response to 6. a. is "No," please detail the circumstances under which matter of proprietary or potentially proprietary nature is referred to and reviewed by qualified legal counsel:

---



---

c. Please provide the name of the law firm and the individual member(s) of that law firm retained by the Applicant as the Applicant's copyright and patent law counsel:

Name of Firm: \_\_\_\_\_

Name of Individual Member(s): \_\_\_\_\_

---

d. Qualifications of law firm and individual members identified in 6. c.

---

---

---

---

e. Has the Applicant implemented written policies and procedures to ensure that matter disseminated over the Internet by or on behalf of the Applicant, on any Web Site created, designed, managed, hosted, monitored, operated or maintained by or on behalf of the Applicant, or by any Internet access service provided by or on behalf of the Applicant, does not infringe upon the copyrights, trademarks, patents, or other intellectual property rights of others?  Yes  No

(If "No," please describe what alternative measures the Applicant has taken to ensure that such matter does not infringe upon the copyrights, trademarks, patents, or other intellectual property rights of others)

---

---

---

f. Does the Applicant have written policies and procedures to ensure that matter disseminated over the Internet by or on behalf of the Applicant, on any Web Site created, designed, managed, hosted, monitored, operated or maintained by or on behalf of the Applicant, that is alleged to be offensive, or to infringe upon the copyrights, trademarks, patents, or other intellectual property rights of others, is removed immediately upon the Applicant's awareness of such allegations?  Yes  No

(If "No," please describe the Applicant's policies and procedures for removing such matters.)

---

---

---

7. a. Has the Applicant ever received any fees for drafting, creating or preparing editorials?  Yes  No

(If "Yes," please provide the dates of the fiscal year end wherein the Applicant received such fees and the annual amounts of those fees.)

---

---

b. Please provide the percentage of all content (other than the content of advertisements) created, prepared or disseminated by or on behalf of the Applicant which is devoted to editorials:

Current Fiscal Year\*: \_\_\_\_\_%

Latest Fiscal Year ended: \_\_\_\_\_%

Prior Fiscal Year ended: \_\_\_\_\_%

(\*Projected and annualized)

8. Under all circumstances prior to the dissemination of any matter by or on behalf of the Applicant, does the Applicant or a senior editor or senior executive officer of the Applicant review such matter to ensure:

a. that the matter is accurate and complete?  Yes  No

b. that the matter is not libelous, slanderous, defamatory or disparaging?  Yes  No

c. that the matter does not contain information or ideas that have been plagiarized, pirated or misappropriated?  Yes  No

d. Please provide the name(s) and title(s) of the senior editor(s) or senior executive officer(s) charged with the responsibilities described in 8. a., b., and c.:

---

---

---

The undersigned authorized agent of the Prospective Insured understands that the information provided in this supplement becomes a part of the Miscellaneous Professional Liability Application and is subject to the same representations and conditions.

Signature of Applicant: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING:** 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

**MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION****NOTICE: IF A POLICY IS ISSUED:**

- A. IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS APPLYING ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FORCE, DURING THE AUTOMATIC EXTENDED REPORTING PERIOD, OR THE EXTENDED REPORTING PERIOD, IF PURCHASED;**
- B. THE LIMITS OF LIABILITY AVAILABLE UNDER THE POLICY TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIM EXPENSES. FURTHER, SUCH AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.**

**INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION**

- 1. Please read application carefully and answer all questions thoroughly.
- 2. Attach separate pages with additional information in answer to any question for which the provided space is not sufficient.
- 3. Sign and date application. Policy cannot be bound without the appropriate signature and date.
- 4. Please provide the following additional required underwriting information:
  - A. latest completed fiscal year-end CPA audited, reviewed or compiled financial statements or latest federal income tax return filed;
  - B. current resumes of the "Applicant" and any and all of the "Applicant's" principals, partners and key professional employees;
  - C. complete copies of all standard contracts used by the "Applicant" with its clients, independent contractors or subcontractors;
  - D. copies of all promotional and advertising copy used by the "Applicant" to market its services or products;
  - E. copies of any professional licenses or certificates held by any of the "Applicant's" principals, partners or employees.

**DEFINITIONS:** The following terms appear in this application and are defined as follows (**Please note that the following defined terms shall not be construed as the definition of a "Claim" or an "Insured" as used in the policy**):

- A. **PROFESSIONAL LIABILITY CLAIM** means:
  - 1. a written or oral demand, service of suit or institution of arbitration proceedings received by a **PROSPECTIVE INSURED** seeking damages or relief of any kind, including but not limited to any kind of monetary or compensatory damages, injunctive or declaratory relief, retribution of any kind, non-pecuniary relief of any kind, or any corrective action(s) for any act(s) or omission(s) actually or allegedly committed by a **PROSPECTIVE INSURED**, in the **PROSPECTIVE INSURED'S** rendering of services of any nature or supplying of products to others;
- B. **PROSPECTIVE INSURED** means:
  - 1. the "Applicant" or any past or present officer, director, partner, employee, independent contractor, or subcontractor of the "Applicant," in the capacity of such or in any other capacity.

1. a. Name of "Applicant": \_\_\_\_\_

DBA: \_\_\_\_\_

(NOTE: Whenever used, "Applicant" means the entity(ies) shown in 1. a. and 1. c.)

Street Address: \_\_\_\_\_

(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Mailing Address (if different from above):

(Street Number) (Street) (Suite or Floor Number)

(City) (State) (Zip)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_

(Please list all other addresses of office locations occupied by the Insured on a separate sheet of paper.)

1. b. Is the "Applicant" (check one):  Individual/Sole Proprietorship  Partnership  
 Corporation  LLC  LLP  
 Other (please provide details) \_\_\_\_\_

1. c. If coverage is desired for any entities other than those shown in 1. a. (i.e. subsidiaries, joint ventures, or partnerships), please list each such entity below or on a separate sheet, if required:

Name and Address	Relationship to "Applicant"	Description of Operations	Percent Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. a. Is the "Applicant" controlled, owned by, employed by, or associated with any other entity not shown in 1. c. above?  Yes  No

2. b. Does any PROSPECTIVE INSURED control or own any other entity not shown in 1. c. above?  Yes  No

(If the answer to 2. a. or 2. b. is "Yes," please provide complete details on a separate sheet of paper.)

3. a. Date "Applicant" was established: \_\_\_\_\_

3. b. Date first services were offered by the "Applicant": \_\_\_\_\_

3. c. Date first products were offered by the "Applicant": \_\_\_\_\_

4. Please describe in detail the professional activities or services for which coverage is desired (Note: If a policy is issued, it may not cover all of the activities or services described.):

---



---



---



---

5. a. Please describe in detail all other professional activities or services conducted by the "Applicant" for which **coverage is not desired**:

---



---



---

5. b. Gross Annual current fiscal year revenues\* derived from such other activities/services for which **coverage is not desired**:

\$ \_\_\_\_\_ (\*Please project and annualize)

6. Please list the gross revenues for the fiscal years indicated from all activities and/or services conducted by the "Applicant":

	Date of Fiscal Year End	Gross Revenues
Current fiscal Year* (*Please project & annualize gross revenues)	____ / ____ / ____	\$ _____
Latest Fiscal Year ended	____ / ____ / ____	\$ _____
Prior Fiscal Year ended	____ / ____ / ____	\$ _____

7. Are any of the "Applicant's" directors, officers, partners or employees personally engaged to provide professional services for or on behalf of any entity other than the "Applicant"?  Yes  No

(If "Yes," please provide complete details on a separate sheet of paper.)

8. a. Please indicate the number of directors, officers, partners and employees engaged in providing services to the "Applicant's" clients: \_\_\_\_\_

8. b. Please indicate the number of all other (non-professional/clerical) employees: \_\_\_\_\_

8. c. Please provide the following information:

Name and Title of all Directors, Officers, Partners and Key Employees	Professional Qualifications/ Designations	Date Qualified/ Licensed	Number of Years in Practice	Number of Years with the "Applicant"
---	---	--------------------------------	-----------------------------------	--

---



---



---



---



---

9. a. Has any PROSPECTIVE INSURED ever been subject to a disciplinary action, including, but not limited to, a reprimand, reproof or censure, by any regulatory body, peer review board or committee or any professional association?  Yes  No

(If "Yes," please attach complete details.)

9. b. Has any PROSPECTIVE INSURED ever been convicted of a felony?  Yes  No

(If "Yes," please attach complete details.)

9. c. Has any PROSPECTIVE INSURED ever had his, her or its license or privilege to render professional services of any nature revoked or suspended?  Yes  No

(If "Yes," please attach complete details.)

10. Please provide the following with respect to the "Applicant's" top five revenue-producing clients or projects during the latest fiscal year end:

Name of Client/Project	Services Provided for Client/Project	Annual Revenues Derived from Client/Project

11. a. Does the "Applicant" enter into written contracts with its clients? Please check one of the following:

In all cases  Sometimes  Never

11. b. If the "Applicant" checked "Sometimes" or "Never," please describe in detail the procedures which the "Applicant" follows to ensure that the terms and conditions by which the "Applicant" provides Professional Services to its clients are mutually agreed upon and understood when a written contract does not exist:

\_\_\_\_\_

12. a. Has the "Applicant" ever engaged or will the "Applicant" ever engage subcontractors?  Yes  No

(If "Yes," please provide responses to 12. b. and 12. c.)

12. b. What is the percentage of the latest fiscal year ended gross revenues that are attributable to services performed by subcontractors?  
\_\_\_\_\_%

12. c. Please describe the circumstances when subcontractors have been or will be engaged:

\_\_\_\_\_

13. a. Does the "Applicant" have Professional Liability Insurance currently in force?  Yes  No

13. b. If "Yes," please provide the following information for the current and prior two policy periods:

Name of Insurer	Limits	Deductible	Premium	Policy Period	Retroactive Date (if any)

13. c. Is such coverage written on a claims made or occurrence basis?     Claims made     Occurrence
13. d. Has the "Applicant" ever purchased extended discovery or extended reporting period coverage from any current or prior Professional Liability insurer?     Yes     No

(If "Yes," please attach details.)

13. e. With respect to any Professional Liability Insurance coverage currently in force, or that was ever previously in force, which covers or covered any PROSPECTIVE INSURED, has any insurer:
1. Declined to offer terms or refused renewal?     Yes     No
2. Imposed special conditions to the coverage?     Yes     No

(If "Yes," please provide details on a separate sheet of paper.)

14. a. Have any PROFESSIONAL LIABILITY CLAIMS been made against any PROSPECTIVE INSURED during the past six (6) years?     Yes\*     No
14. b. Does any PROSPECTIVE INSURED have knowledge or information of any circumstance or any allegations or contentions of any incident which may result in any PROFESSIONAL LIABILITY CLAIM being made against any PROSPECTIVE INSURED?     Yes\*     No

\*NOTE: If 14. a. or 14. b. are answered "Yes," please complete and attach a Claims Supplement form for each such PROFESSIONAL LIABILITY CLAIM, circumstance, allegation or contention, or incident.

It is agreed that any PROFESSIONAL LIABILITY CLAIMS made prior to the inception of the policy, or any future PROFESSIONAL LIABILITY CLAIMS resulting from any circumstances or any allegations or contentions of any incident of which any PROSPECTIVE INSURED has knowledge or information prior to the inception of the policy, are excluded from the coverage sought by the "Applicant" from the Company.

15. a. Limits of Liability requested:

- |  |  |
|--|--|
| <input type="checkbox"/> \$500,000/\$500,000     | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000   | <input type="checkbox"/> \$3,000,000/\$3,000,000 |
| <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$4,000,000/\$4,000,000 |
| <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| <input type="checkbox"/> \$1,000,000/\$3,000,000 | <input type="checkbox"/> OTHER _____             |

15. b. Deductible requested:

- |   |                                   |                                   |                                    |
|---|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$2,500                          | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000  |
| <input type="checkbox"/> \$25,000                         | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> Other (Please specify \$ _____ ) |                                   |                                   |                                    |

16. The officer of the Firm designated to receive any and all notices from the Company or its authorized representative(s) concerning this insurance is: (Give name and full official title)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

17. Please provide the following information concerning the "Applicant's" general liability insurance currently in force:

Name of Insurer: \_\_\_\_\_

Effective date(s) of coverage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Expiration date(s) of coverage: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Limits of Liability: \$ \_\_\_\_\_ per occurrence/ \$ \_\_\_\_\_ Annual Aggregate

Deductible: \$ \_\_\_\_\_

Policy Number: \_\_\_\_\_

Coverage parts: (Please check all that apply)

Premises liability       Products liability       Completed Operations

---

**THE UNDERSIGNED DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE AND CORRECT. THE UNDERSIGNED FURTHER STATES THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN SUFFICIENT INFORMATION TO FACILITATE THE PROPER AND ACCURATE COMPLETION OF THIS APPLICATION.**

**THE SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION FORM AND ANY ATTACHMENTS HERETO SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. IT IS ALSO AGREED THAT THIS FORM WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.**

**IT IS WARRANTED THAT ANY MATERIALS SUBMITTED HERewith (WHICH SHALL ALSO BE ON FILE WITH THE COMPANY AND BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO) ARE THE BASIS FOR THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE PROPOSED POLICY.**

APPLICANT: \_\_\_\_\_

BY: \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
(Print or type name)      (Title)      (Date)

\_\_\_\_\_  
(Signature)

**WARNING:** 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, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.