



MEDIA LIABILITY COVER PROSM APPLICATION - MONTANA

Film and Program Producer

Film, Program, Video and Home Entertainment Distributor

DEFENSE WITHIN LIMITS: The amount of money available under the policy to pay settlements or judgments will be reduced and may be exhausted by defense expenses, including but not limited to fees paid to attorneys to defend you.

NOTICE: This Media Liability coverage may be provided on an occurrence or claims-made basis.

If coverage is requested for Media Liability exposures, please complete the **Media Content Liability Application**

If coverage is requested for Network Security, please complete the **Cyber Security Liability Application**

Whenever used in this Application the term **Applicant** shall mean the **named entity**, any **subsidiary**, any independent contractor while acting on **your** behalf, but solely as respects **media activities** and any **individual insured**.

SUBMISSION REQUIREMENTS

Distributor Attachments

- Most recent financial statement or corporate annual report
- List of titles to be distributed
- Sample contract used with producers and exhibitors

Producer Attachments

- Most recent financial statement or corporate annual report
- Resumes of principals identifying other works
- DVD or script of work
- A clearance letter from counsel, if one exists

ACCOUNT INFORMATION

Applicant's name:

Applicant's principal location:

Address:

City:

State:

Zip:

Telephone:

E-mail address:

Website: www.

Date established:

SECTION I – GENERAL INFORMATION

1. Identify all media activities for which the Applicant is seeking coverage:

Film, Program, Video, Home Entertainment Distribution

Film or Program Production

Other:

2. Is the Applicant controlled, owned, affiliated or associated with any other corporation or company?

Yes

No

If yes, please advise:

3. Please list the name(s) and address(es) of any branch offices, joint ventures, affiliates, subsidiaries or other related entities. Include a brief description of their operations and indicate if coverage is requested:

4. During the past five (5) years, has the name of the Applicant been changed or has(have) any other media business(es) been acquired, merged into, or consolidated with the Applicant? Yes No
If yes, provide a complete explanation detailing any liabilities assumed.

5. Geographic area(s) of media operations:
 Local State Multi-State National International

6. Does the Applicant belong to any professional societies / associations? Yes No
If yes, provide the designation/affiliation:

7. Dates of the Applicant's current fiscal period: From: _____ To: _____

	PAST FISCAL YEAR	CURRENT FISCAL YEAR	ESTIMATE NEXT YEAR
Total Gross Annual Revenue:	\$	\$	\$
Revenue from Media Operations for which coverage is requested:	\$	\$	\$

SECTION II – MEDIA OPERATIONS
MARK ALL SECTIONS FOR WHICH COVERAGE IS REQUESTED

FILM, PROGRAM, VIDEO AND HOME ENTERTAINMENT DISTRIBUTOR

1. Has the Applicant produced any of the films being distributed? Yes No
If yes, please advise:
2. Identify the type of films distributed:
3. Are any of the films or programs:
 Adult/pornographic Yes No
 Foreign Yes No
 Reality (unscripted situations with non-actors) Yes No
If yes, please explain:
4. Identify percentage of film produced in foreign countries and identify country: _____ %
5. Will any of the films or other works be distributed outside the U.S.? Yes No
If yes, have all foreign rights been negotiated? Yes No
6. Are all of the films or works distributed pursuant to a contractual agreement? Yes No
If no, please explain:
7. Does the Applicant own any of the works? Yes No
If yes, please explain:
8. Are all producers contractually required to defend and indemnify the Applicant? Yes No
9. Does the Applicant require producers to maintain errors and omissions insurance and provide proof of insurance? Yes No
If no, please explain:
10. Are contractual agreements utilized with film exhibitors? Yes No
If no, please explain:
11. Does the Applicant exhibit any films or works? Yes No
If yes, please explain:

FILM AND PROGRAM PRODUCER

1. Title of production (“work”) to be insured:
2. Type of work – check all that apply:

Play	Motion Picture (full release)	Motion Picture (limited)	Film Festival
Live Event	Television/Cable Series	Television Special	DVD/On Demand
Music Video	Webisode	Animated	
Documentary/Industrial/Commercial/Educational	Previously Released (Identify):		
Other (describe):			
3. Geographic distribution of work:
4. If television, cable, or radio production, number of episodes:
5. Is work based upon actual events? Yes No
- If yes, please advise if the portrayal is accurate or fictionalized:**
6. Production budget: \$
7. Producer:
8. Author or writer:
9. Synopsis of work and its genesis or inspiration:

10. Release date of work: Length of work, i.e. hours and minutes:
11. Name of distributor:
 - Term of “rights period” in distribution agreement:
 - Date of distribution agreement:
12. Has the “chain of title” for work been cleared as to any ownership issues? Yes No
13. Has a title report been obtained for the name of work? Yes No
14. Has a copyright report been obtained for the work? Yes No
15. Has the script been cleared? Yes No
16. Have talent releases been procured from all performers and recognizable extras? Yes No
17. **If no to any of the above questions 12 to 16, please explain:**

SECTION III – RISK MANAGEMENT PROCEDURES

USE OF LEGAL COUNSEL

1. Does the Applicant retain law firm(s) with expertise in media law and/or intellectual property to assist with clearance, content review, and other issues? Yes No
If yes, identify firm(s):

CONTENT GATHERING AND CREATION – PRODUCER ONLY

1. Are hidden cameras, microphones, surveillance or other surreptitious methods utilized to gather content for the work? Yes No
If yes to any of the above, describe how risk is minimized:

2. Does the Applicant rely on confidential sources or material in the work? Yes No
If yes, describe editorial procedures for dealing with confidential sources or information:

3. Did the Applicant commission or create any original music for the work? Yes No
If yes, how is risk minimized:

- | | | |
|---|-----|----|
| 4. Are independent contractors retained to create content for the work? | Yes | No |
| If yes, are contracts utilized? | Yes | No |
| If yes, are independent contractors required to maintain errors and omissions insurance? | Yes | No |

LICENSING AND USE OF THIRD PARTY CONTENT – PRODUCER ONLY

- | | | |
|--|-----|----|
| 1. Is any unoriginal music used in the work? | Yes | No |
| If yes, have all rights been cleared: | | |
| Mechanical Rights: | Yes | No |
| Master Rights: | Yes | No |
| Synchronization Rights: | Yes | No |
| Blanket music performance licenses through music licensing societies, such as ASCAP: | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 2. Does the work include any unoriginal content, including photographs, film clips, stock footage, graphics, animation, etc., in the work? | Yes | No |
| If yes, are all licenses procured? | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 3. Have all clearances been obtained for distinctive locations, props, products and artwork? | Yes | No |
| If no, will all rights be cleared prior to public display of the work? | Yes | No |
| 4. Does the Applicant have a procedure for dealing with unsolicited idea submissions from third parties? | Yes | No |
| 5. Does the Applicant rely on “fair use” with respect to the use of unoriginal content in the work(s)? | Yes | No |
| If yes, please explain: | | |

OTHER CONTENT ISSUES AND RISK MITIGATION – PRODUCER ONLY

- | | | |
|--|-----|----|
| 1. Are staff members with responsibility for content trained with respect to defamation, invasion of privacy, intellectual property and other exposures? | Yes | No |
| 2. Is the name, likeness, or portrayal of any living person used in the work(s)? | Yes | No |
| If yes, are all clearances obtained? | Yes | No |
| If no, please explain: | | |
| 3. Is the name, likeness, or portrayal of any deceased person used in the work(s)? | Yes | No |
| If yes, have clearances been obtained from heirs or other owners of such rights? | Yes | No |
| If no, please explain: | | |

WEBSITE AND SOCIAL MEDIA ISSUES

- | | | |
|--|-----|----|
| 1. Are websites used to promote productions or distribution? | Yes | No |
| If yes, please explain: | | |
| 2. Is any user-generated content uploaded to the Applicant’s website(s)? | Yes | No |
| If yes, please answer the following: | | |
| a. Is the Applicant in compliance with Section 230 of the Communications Decency Act with respect to the handling of third party offending content? | Yes | No |
| b. Is the Applicant in compliance with the Digital Millennium Copyright Act with respect to notice procedures and the removal of infringing content? | Yes | No |
| c. Is the Applicant able to remove offending or infringing content in a timely manner? | Yes | No |
| d. Are procedures in place for dealing with users who repeatedly post offending or infringing content? | Yes | No |

3. Does the Applicant utilize social media, such as Twitter, Facebook, or Linked-in? Yes No
If yes, please explain:
- a. Who posts content on behalf of the Applicant:
- b. Are posts edited or otherwise reviewed prior to posting? Yes No
- c. Does the Applicant have written social networking guidelines for employees? Yes No
- d. Are employees encouraged to utilize their own social media accounts in the course and scope of their employment? Yes No
If yes, please explain:

ANCILLARY PROFESSIONAL SERVICES PERFORMED FOR THIRD PARTIES

1. Does the Applicant provide any professional services related to media operations for a fee, i.e. post-production services? Yes No
2. Describe how the Applicant minimizes/reduces exposure relating to professional services:

MERCHANDISING

1. Does the Applicant engage in any merchandising activities with respect to the work or works? Yes No
If yes, please describe:
2. Have all licenses, including trademarks, been cleared with respect to the merchandise? Yes No
3. What annual revenues are anticipated from merchandising activities: \$

SECTION IV – INSURANCE HISTORY AND CLAIMS EXPERIENCE

1. Has any policy or application for similar insurance on the Applicant's behalf or on behalf of any predecessor(s) in business ever been declined, canceled, or renewal refused? Yes No
 (Not applicable in Missouri)
If yes, provide details:
2. Does the Applicant currently carry Commercial General Liability insurance? Yes No
3. Please provide the following information on the Applicant's Media Liability (E&O) insurance for the past three (3) years:
- | | | | |
|------------------|------------------------|---------------|-------------|
| Name of Insurer: | Limits of Liability:\$ | Deductible:\$ | |
| Premium:\$ | Policy period: | Occurrence | Claims Made |
| Name of Insurer: | Limits of Liability:\$ | Deductible:\$ | |
| Premium:\$ | Policy period: | Occurrence | Claims Made |
| Name of Insurer: | Limits of Liability\$: | Deductible:\$ | |
| Premium:\$ | Policy period: | Occurrence | Claims Made |
4. Retroactive Date, if one, on current policy:
5. Have any claims or suits been made against the Applicant or the Applicant's subsidiaries, predecessor in business, principals or employees in the past five (5) years? Yes No
If yes, complete a Claim Supplement form for each incident.
6. Is the Applicant aware of any act, error, omission or any other circumstance that is or could be a basis for a claim under the proposed insurance? Yes No
If yes, complete a Claim Supplement form for each incident.

With regard to questions 5 and 6, it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from any coverage that may be provided under this proposed insurance, and further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void and/or subject to rescission.

SECTION V – COVERAGE REQUESTED

1. Have any third parties requested coverage as “Additional Insureds” for exposure arising from the Applicant’s content? Yes No
If yes, please advise.

2. Media Liability Coverage requested:	Claims Made Policy Occurrence Policy	Retroactive Date: Prior Acts Date:
LIMITS OF LIABILITY		
\$250,000 \$1,000,000	\$4,000,000	\$7,000,000 \$10,000,000
\$300,000 \$2,000,000	\$5,000,000	\$8,000,000
\$500,000 \$3,000,000	\$6,000,000	\$9,000,000
DEDUCTIBLE: \$		

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which the Applicant is referring.

Signature

Date

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR 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.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: 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 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRINCIPAL, PARTNER, OR OFFICER)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)