



MEDIA LIABILITY COVER PROSM APPLICATION

Author – Broadcaster – Cablecaster – Online Content – Publisher – Special Appearance

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

If coverage is requested for Film and Program Production or for Film Program, Video and Home Entertainment Distribution, please complete the **Film Producer and Distributor 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

- Company brochure, marketing or advertising materials
- List of current book titles, periodicals, publications, schedule of programming, broadcasting stations, etc., to be insured
- Copy of standard contracts used with third parties
- If an Author, current copy of manuscript and any vetting letter from counsel
- Copies of publications or periodicals to be insured, unless available online
- Resumes of principals, if in business less than three (3) years
- Most recent audited financial statement, annual report, or 10K. Non-profit organizations may provide operating budget.

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

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

Author	Book Publisher	Broadcaster – Cable, Radio or Television Stations
Newspaper Publisher	Cable TV System Operator	Magazine/Newsletter/Periodical Publisher
Public Appearance	Online Content Publisher	Other:
- Is the Applicant controlled, owned, affiliated or associated with any other corporation or company? Yes No
If yes, please advise:
- 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: | \$ | \$ | \$ |
| Revenue from Professional Services performed for others: | \$ | \$ | \$ |

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

AUTHOR – Book, Play or Article (“Work”)

1. Title of work to be insured:
2. Description of work:
3. a. Scheduled publication date: b. Publisher:
 c. Advance: d. Anticipated Revenues:
4. Number of copies, including any reprints, to be distributed (hardback and paperback) during proposed policy period:
5. Type of work:

Fiction	How-To	Social/Political/Religious
Autobiography	Children’s	Financial
Biography	Historical	Unauthorized biography or “tell-all”
Investigative reporting	Poetry	Other:
6. Has the work been publicized in a publisher’s catalog or have galley copies been distributed in advance of the scheduled publication date? Yes No
If yes, is Prior Acts coverage needed? Yes No
7. Has the Applicant’s work been reviewed by counsel? Yes No
If yes, please identify counsel:
8. Has the Applicant’s work been fact-checked by the publisher? Yes No

BOOK PUBLISHER

1. Identify types of books published and assign a percentage to all relevant categories:

Autobiography	%	Historical	%
Biography (authorized)	%	How-to	%
Biography (unauthorized)	%	Investigative Reporting	%
Children’s	%	Poetry	%
Classics	%	Scholarly/Professional	%
Cooking	%	Social/Political/Religious	%
Fiction	%	Text Books	%
Finance	%	Young Adult	%
Other (identify):			%
2. For current fiscal year, identify number of original titles: reprints:
3. Does publishing staff edit and fact-check content? Yes No
4. Does publishing staff clear rights for third party content in reprints and subsequent editions? Yes No

5. Is coverage needed for authors? Yes No
If yes, please explain:

BROADCASTING

1. Radio Stations – attach separate sheet if necessary

Call Letters (AM or FM)/Location	Years in Operation	Programming format	Simulcast %	Revenues	Language (if not English)
			%	\$	
			%	\$	
			%	\$	
			%	\$	

2. Does the Applicant employ any “Shock Jocks” or broadcast other potentially controversial programming, including talk or contests? Yes No
If yes, please describe programming and how exposure is minimized and/or reduced:

3. Are delay devices utilized to minimize exposure arising from offending commentary: Yes No

4. Television and Cable Stations – attach separate sheet if necessary:

Call Letters/ Location	Years in Operation	Programming Format	Revenues	Network Affiliation	Original Programming %	Language (if not English)
			\$			
			\$			
			\$			
			\$			

CABLE TV OPERATOR

1. Cable Systems – Attach separate sheet, if necessary

Name	Location	Years in Operation	Revenues	Original Programming %	# Access Channels
			\$		
			\$		
			\$		
			\$		

2. If the Applicant creates original programming, please describe the content and the number of hours broadcast per week?
3. Are channels leased to third parties? Yes No
If yes, are the lessees required to indemnify the Applicant for claims arising from content? Yes No
4. Does the Applicant operate any access channels? Yes No
If yes, does the Applicant have a usage agreement with the public access broadcaster? Yes No
5. Is the public access broadcaster required to indemnify the Applicant? Yes No
If yes, is the broadcaster required to carry E&O insurance for claims arising from its content? Yes No

MAGAZINE PUBLISHER

1. Periodicals – Attach separate sheet if necessary:

Name	Location (City & State)	Years in Operation	Revenues	Circulation Area	Type of Content

2. Is any of the periodical content controversial or involve any investigative reporting? Yes No
If yes, please explain:
3. Assign a percentage to the source of periodical content produced by the following: %
 Freelancers: % Staff: % News Service: %

NEWSPAPER PUBLISHER

1. Publications – Attach separate sheet, if necessary.

Name	Location (City & State)	Years in Operation	Circulation & Frequency	Revenue
				\$
				\$
				\$
				\$

2. Circulation area(s)
 Rural Metro State Regional National International

ONLINE CONTENT PROVIDER

1. Identify all websites for which coverage is requested:

SPECIAL APPEARANCE (Public Speaking, Contributing Editor/Author/Writer, Actor, Product Spokesperson)

Attach a separate sheet if necessary.

- Describe public appearance(s) for which coverage is requested:
- Number of public appearances on an annual basis:
- If product spokesperson, please identify client(s), product(s), and attach contract(s):

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):
2. Does the Applicant utilize in-house media counsel? Yes No

NEWSGATHERING

1. Do employees or freelancers engage in investigative reporting? Yes No
2. Are hidden cameras, microphones, surveillance or other surreptitious methods utilized? Yes No
If yes, describe how risk is minimized:
3. Does the Applicant rely on confidential sources? Yes No
If yes, describe editorial procedures for dealing with confidential sources or information:

LICENSING AND USE OF THIRD PARTY CONTENT

- | | | |
|--|---------------------------------|----------------------------|
| 1. Does the Applicant utilize content created and/or owned by third parties?
If yes, how is third party content acquired? | Yes | No |
| 2. Do the Applicant's media operations include the use or playing of unoriginal music?
If yes, have all rights been cleared:
Mechanical Rights?
Master Rights?
Synchronization Rights?
Blanket music performance licenses through music licensing societies, such as ASCAP?
If no, will all rights be cleared? | Yes
Yes
Yes
Yes
Yes | No
No
No
No
No |
| 3. Does the Applicant's content include the use of unoriginal photographs, film clips, graphics, animation, etc.?
If yes, are relevant licenses procured?
If no, please explain: | Yes
Yes | No
No |
| 4. If famous people, places, and things appear in photographs or stock footage, are rights cleared with respect to the use of those images? | Yes | No |
| 5. Does the Applicant have a procedure for dealing with unsolicited idea submissions of third parties? | Yes | No |
| 6. Does the Applicant rely on "fair use" with respect to unoriginal content?
If yes, explain: | Yes | No |
| 7. Are independent contractors used to create content?
If yes, are contracts utilized with independent contractors?
If yes, are independent contracts required to maintain errors and omissions insurance? | Yes
Yes
Yes | No
No
No |

CREATION OF CONTENT

- | | | |
|---|-----|----|
| 1. Does the Applicant commission or use any original music?
If yes, how is risk minimized: | Yes | No |
| 2. If third parties are commissioned for video or photography, are all licenses procured, including model releases? | Yes | No |

OTHER CONTENT ISSUES AND RISK MITIGATION

- | | | |
|--|------------|----------|
| 1. Are staff members with responsibility for content trained with respect to defamation, invasion of privacy, intellectual property and other exposures? | Yes | No |
| 2. Describe procedure for handling retraction and clarification requests: | | |
| 3. Are disclaimers utilized with respect to any advice that may impact a reader's health or financial well-being? | Yes | No |
| 4. Is the name, likeness, or portrayal of any living person used in any production or literary work?
If yes, are all clearances obtained?
If no, please explain: | Yes
Yes | No
No |
| 5. Is the name, likeness, or portrayal of any deceased person used in any production or literary work?
If yes, have clearances been obtained from heirs or other owners of such rights?
If no, please explain: | Yes
Yes | No
No |

WEBSITE AND SOCIAL MEDIA ISSUES

- | | | |
|---|-----|----|
| 1. Do all websites utilize Terms of Use and Privacy Agreements? | Yes | No |
| 2. Are licenses procured for any unoriginal streaming content, including music? | Yes | No |
| 3. Is any user-generated content uploaded to your website(s)? | Yes | No |

If yes, please answer the following:

- | | | |
|--|-----|----|
| a. Does the Applicant review content? | Yes | No |
| b. 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 |
| c. Is the Applicant in compliance with the Digital Millennium Copyright Act with respect to notice procedures and the removal of infringing content? | Yes | No |
| d. Is the Applicant able to remove offending or infringing content in a timely manner? | Yes | No |
| e. Are procedures in place for dealing with users who repeatedly post offending or infringing content? | Yes | No |
| 4. 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. advertising or printing services, etc.? | Yes | No |
|---|-----|----|

If yes, please describe services:

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 media content? | 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 your behalf or on behalf of any predecessor(s) in business ever been declined, canceled, or renewal refused? | Yes | No |
|--|-----|----|

If yes, provide details:

- | | | |
|---|-----|----|
| 2. Does the Applicant currently carry Commercial General Liability insurance? | Yes | No |
| 3. Does the Applicant currently carry Network Security coverage? | Yes | No |

4. Please provide the following information on your 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

5. Retroactive Date, if one, on current policy:

6. If the Applicant is seeking Subpoena Defense Coverage, please identify how many subpoenas relating to media operations have been served on the Applicant or any employee in the past three (3) years:

Please explain and provide details:

7. 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 years? Yes No

If yes, complete a Claim Supplement form for each incident.

8. 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, including professional services, if so endorsed? Yes No

If yes, complete a Claim Supplement form for each incident.

With regard to questions 6, 7, and 8, 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 exposures arising from your 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
\$300,000	\$2,000,000	\$5,000,000
\$500,000	\$3,000,000	\$6,000,000
DEDUCTIBLE:	\$	\$7,000,000
		\$8,000,000
		\$9,000,000
		\$10,000,000

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

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)
Media Liability

ADDITIONAL INFORMATION

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

Signature

Date