

**First Media**

**A Division of One Beacon Professional Partners**

**1-800-753-7545 · 913-384-4800 · Fax-913-384-4822**

**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 form “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 request, 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 of 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 \_\_\_\_\_

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**Media Advantage Policy ®  
Film, Program and Theatrical Producer Supplement**

1. Name of **Applicant** \_\_\_\_\_

2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

\_\_\_\_\_

3. Estimated Assets: \$ \_\_\_\_\_ Projected Revenues: \$ \_\_\_\_\_

4. Identify all additional insureds and explain relationship to **Applicant** \_\_\_\_\_

\_\_\_\_\_

**5. Scheduled Production Information**

a. Production title \_\_\_\_\_

b. Name of producer \_\_\_\_\_

c. Name of author or writer \_\_\_\_\_

d. Brief description of story line \_\_\_\_\_

e. Please advise as to the genesis or inspiration for the production, i.e., book, original material, etc.

\_\_\_\_\_

f. Estimated production budget: \$ \_\_\_\_\_

g. Approximate air or release date \_\_\_\_\_

Approximate length of time that production will be aired or released \_\_\_\_\_

Name of distributor \_\_\_\_\_

Term of "rights period" in distribution agreement \_\_\_\_\_

h. Is production based upon fictional or actual events? \_\_\_\_\_

i. Geographic distribution area of production \_\_\_\_\_

j. Have distribution rights been granted to a third party?  Yes  No

k. Have the production and clearance procedures been reviewed by counsel?  Yes  No

l. Has title of the production been cleared?  Yes  No

m. Has copyright report been obtained?  Yes  No

**6. Type of Production** – please circle all that apply:

Theatrical Release   Television   Motion Picture   Cable   Video   Other \_\_\_\_\_

If production is for Television, is production a:

\_\_\_ Weekly series   \_\_\_ Special   \_\_\_ mini-series   \_\_\_ movie

Length of production (i.e., 30 minutes, etc) \_\_\_\_\_

If a series or mini-series, indicate number of episodes: \_\_\_\_\_

**7. Systems, Operations and Clearance Procedures**

**a.** Have all licenses, releases or consents been obtained from all performers, artists, musicians, etc., relative to the scheduled production?  Yes  No  
If “no,” please advise why such agreements have not been obtained \_\_\_\_\_

**b.** Is the production an expose or investigative work?  Yes  No  
If “yes,” please explain method for documenting information \_\_\_\_\_

**c.** Is the production based upon an **unauthorized** biography?  Yes  No

**d.** Is the name or likeness of any living or deceased person used in the production?  Yes  No  
If “yes,” have all consents been procured?  Yes  No

**e.** Will any film, video or news clips, photographs, recording or syndication, written matter, computer graphics or animation that is unoriginal to the scheduled publication be used in the production?  Yes  No  
If “yes,” have the requisite licenses or consents been procured?  Yes  No  
If “no,” please explain why \_\_\_\_\_

**f.** Will there be any colorization of black and white productions?  Yes  No

**g.** Have any rights in the scheduled production been licensed to a third party?  Yes  No  
If “yes,” please advise \_\_\_\_\_

**h.** Will merchandise be generated from the scheduled production?  Yes  No  
If “yes,” please describe and advise if all requisite licenses have been procured \_\_\_\_\_

**i.** Has a procedure been implemented regarding the receipt of unsolicited ideas, scripts or other information?  Yes  No

**8. Attachments**

Please submit the following information to complete your Application:

- Current financial statement or corporate annual report;
- Resumes of key individuals with list of other productions;
- Copies of licenses, consents, contracts and agreements with writers, actors, distributors, licensors, etc.;
- VHS video cassette tape of script of production; and
- If production has been reviewed by counsel, an opinion letter.
- If applicant is a distributor, a current list of films, videos, etc., that are distributed.

