

SERFF Tracking Number: CHUB-125680483 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: #371392 \$50
Company Tracking Number: EO AR0041610F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
Product Name: MediaGuard by Chubb Walterry
Project Name/Number: MediaGuard by Chubb Walterry/416

Filing at a Glance

Company: Federal Insurance Company
Product Name: MediaGuard by Chubb Walterry SERFF Tr Num: CHUB-125680483 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #371392 \$50
Sub-TOI: 17.2019 Professional Errors & Omissions Liability Co Tr Num: EO AR0041610F01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Authors: Donna Daigle, Desirae Disposition Date: 06/26/2008
Bartlett, Debra West, Christina Cresenzi
Date Submitted: 06/20/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: MediaGuard by Chubb Walterry Status of Filing in Domicile: Pending
Project Number: 416 Domicile Status Comments:
Reference Organization: na Reference Number: na
Reference Title: na Advisory Org. Circular: na
Filing Status Changed: 06/26/2008
State Status Changed: 06/26/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

In accordance with laws of the state of Arkansas, we are making this filing for forms to be used in conjunction with our previously filed MEDIAGUARDSM by Chubb Insurance Policy. This product was approved by your department under Filing Designation Number EO AR0040010F01, effective May 28, 2008.

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 Product Name: MediaGuard by Chubb Waltery
 Project Name/Number: MediaGuard by Chubb Waltery/416

Company and Contact

Filing Contact Information

Christina Cresenzi, Industry Filer ccrenzeni@chubb.com
 82 Hopmeadow Street (860) 408-2380 [Phone]
 Simsbury, CT 06070-7683 (860) 408-2047[FAX]

Filing Company Information

Federal Insurance Company CoCode: 20281 State of Domicile: Indiana
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4726 ext. [Phone] FEIN Number: 13-1963496

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 for forms
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Insurance Company	\$0.00	06/20/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00371392	\$50.00	06/10/2008

SERFF Tracking Number: CHUB-125680483

State: Arkansas

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TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Product Name: MediaGuard by Chubb Walterra

Project Name/Number: MediaGuard by Chubb Walterra/416

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/26/2008	06/26/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Christina Cresenzi	06/20/2008	06/20/2008

SERFF Tracking Number: CHUB-125680483

State: Arkansas

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TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions
Liability

Product Name: MediaGuard by Chubb Walterra

Project Name/Number: MediaGuard by Chubb Walterra/416

Disposition

Disposition Date: 06/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	MediaGuard by Chubb Waltery - Declarations - with Waltery Logo	Approved	Yes
Form	MediaGuard by Chubb Waltery - New Business Application - Cyberlite for Media	Approved	Yes
Form	MediaGuard by Chubb Waltery - New Business Application - Internet Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - New Business Application - Media Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - New Business Application - Producers Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - Renewal Application - Cyberlite for Media	Approved	Yes
Form	MediaGuard by Chubb Waltery - Renewal Application - Internet Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - Renewal Application - Media Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - Supplementall Application - Distributor Liability Coverage	Approved	Yes
Form	MediaGuard by Chubb Waltery - Renewal Supplementall Application - Distributor Liability Coverage	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 06/20/2008

Comments:

Please see the attached revised transmittal form.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

AR schedule forms 416.pdf

AR P&C form 416.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MediaGuard by Chubb Waltery - Declarations - with Waltery Logo	14-02-14078DW	04-2008	Declaration New s/Schedule		0.00	14-02-14078DWW L.pdf
Approved	MediaGuard by Chubb Waltery - New Business Application - Cyberlite for Media	14-03-0898	04-2008	Application/ New Binder/Enrollment		0.00	14-03-0898.pdf
Approved	MediaGuard by Chubb Waltery - New Business Application - Internet Liability Coverage	14-03-0899	04-2008	Application/ New Binder/Enrollment		0.00	14-03-0899.pdf
Approved	MediaGuard by Chubb Waltery - New Business Application - Media Liability Coverage	14-03-0900	04-2008	Application/ New Binder/Enrollment		0.00	14-03-0900.pdf
Approved	MediaGuard by Chubb Waltery - New Business Application - Producers Liability Coverage	14-03-0902	04-2008	Application/ New Binder/Enrollment		0.00	14-03-0902.pdf
Approved	MediaGuard by Chubb Waltery - Renewal	14-03-0905	04-2008	Application/ New Binder/Enrollment		0.00	14-03-0905.pdf

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Application -	Approved	MediaGuard by	14-03-	04-2008	Application/ New	0.00	14-03-
Cyberlite for Media		Chubb Waltery -	0906		Binder/Enro llment		0906.pdf
Renewal Application - Internet Liability Coverage	Approved	MediaGuard by	14-03-	04-2008	Application/ New	0.00	14-03-
		Chubb Waltery -	0907		Binder/Enro llment		0907.pdf
Renewal Application - Media Liability Coverage	Approved	MediaGuard by	14-03-	04-2008	Application/ New	0.00	14-03-
		Chubb Waltery -	0911		Binder/Enro llment		0911.pdf
Supplementall Application - Distributor Liability Coverage	Approved	MediaGuard by	14-03-	04-2008	Application/ New	0.00	14-03-
		Chubb Waltery -	0912		Binder/Enro llment		0912.pdf
Renewal Supplementall Application - Distributor Liability Coverage							



DECLARATIONS

FEDERAL INSURANCE COMPANY

A stock insurance company, incorporated under the laws of Indiana, herein called the Company

Capital Center, 251 North Illinois, Suite 1100
Indianapolis, IN 46204-1927

Policy Number: [Formatted Policy Number]

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE POLICY CAREFULLY.

ITEM 1 Parent Organization – Name and Address

[Name]
[Address1]
[Address2]
[Address3]

ITEM 2 Policy Period

(A) Inception Date [Inception Date]

(B) Expiration Date [Expiration Date]

At 12:01 A.M. standard time at the Address in ITEM 1

ITEM 3 Aggregate Limit of Liability Each Policy Period

[\$Aggregate Limit of Liability]

ITEM 4 Limits of Liability (Inclusive of Defense Costs) and Retention Amounts

Indicating "No" or failure to indicate either "Yes" or "No" means that the respective Coverage is not included in the policy.

	Insuring Clause	Coverage Requested Please fill in "YES" or "NO"	Each Claim or Related Claim Limit of Liability	Retention Amount
(A)	Newsmedia and Multimedia Liability Coverage		[\$Limit of Liability1]	[\$Retention1]
(B)	Covered Subpoena Coverage (News Organizations Only)		[\$Limit of Liability2] each Covered Subpoena	[\$Retention2]
(C)	Producers Liability Coverage		[\$Limit of Liability3]	[\$Retention3]
(D)	Internet Liability Coverage		[\$Limit of Liability4]	[\$Retention4]



Chubb Group of Insurance Companies

15 Mountain View Road
Warren, New Jersey 07059

LOGO Walterry Insurance Brokers

7411 Old Branch Avenue
Clinton, Maryland 20735

MEDIAGUARDSM by CHUBB

ITEM 5 **Covered Media**

[Covered Media]

ITEM 6 **Internet Site(s)**

[Schedule of Internet Sites]

ITEM 7 **Production(s)**

[Schedule of Productions]

ITEM 8 **Coinsurance Percentage**

- (A) **Claims** based upon, arising from or in consequence of an **Insured's Media Activities** under Insuring Clause (A) [Figure1 or "Not Applicable"]%
- (B) **Subpoena Defense Costs** on behalf of an **Insured** as a result of any **Covered Subpoena** under Insuring Clause (B) [Figure2 or "Not Applicable"]%
- (C) **Claims** based upon, arising from or in consequence of an **Insured's Production Activities** under Insuring Clause (C) [Figure3 or "Not Applicable"]%
- (D) **Claims** based upon, arising from or in consequence of an **Insured's Internet Activities** under Insuring Clause (D) [Figure4 or "Not Applicable"]%

ITEM 9 **PREMIUM**

[\$Premium]

ITEM 10 The liability of the Company is also subject to the terms of the following endorsements executed simultaneously herewith:

[Endt1]	[Endt2]	[Endt3]	[Endt4]	[Endt5]
[Endt6]	[Endt7]	[Endt8]	[Endt9]	[Endt10]

In witness whereof, the Company issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by a duly authorized representative of the Company.

FEDERAL INSURANCE COMPANY

Secretary

President

04/29/08

Date

Authorized Representative



BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE CYBERLITE MEDIA ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries, unless otherwise stated.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated Application for Media Liability Insurance;
 - Completed, signed and dated Application for Internet Liability Coverage;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization; and
 - Experience resumes of key personnel if in business for less than three (3) years.
4. Please return the completed Application to: **Waltery Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

I. NAME, ADDRESS AND CONTACT INFORMATION: Please Note – If the information below was previously supplied under another media application, please supply name and date of other application and proceed to the next section:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name of Primary Contact: _____
5. Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
6. e-Mail of Primary Contact: _____

II. SPECIFIC INFORMATION:

1. Please attach a copy of the following for every **Applicant** seeking coverage:
 - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.
2. Coverage desired: **Disclosure Injury;** **Conduit Injury**
 Impaired Access Injury



Limits of Liability desired:

Each Claim or Related Claim: \$ _____

Aggregate for all Claims and Related Claims: \$ _____

3. Retention Amount desired for each Claim or Related Claims:

\$25,000 \$50,000 Other: \$ _____

4. Co-insurance percentage desired:

20% Other: _____%

5. Does **Applicant** anticipate in the next twelve (12) months:

a. Establishing or entering into any related or unrelated ventures which are a material change in operations? Yes No

b. Providing any new e-commerce products or services? Yes No

If Yes to 5.a. or 5.b., please provide full details on a separate sheet.

6. Who is the contact person for a network security self-assessment:

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

III. COMPANY STATISTICS AND NATURE OF APPLICANT'S INTERNET ACTIVITIES:

1. Does **Applicant** provide technology services or products to third parties? Yes No

If Yes, attach an explanation of these services and quantify the revenue associated with them.

2. Do third parties rely on the availability of the **Applicant's** web site(s) in order to transact business? Yes No

If Yes, please indicate below whether business or consumer and how much of their revenue is dependent upon use of the **Applicant's** web site(s).

Business-to-Business: _____

Business-to-Consumer: _____

IV. PRIVACY POLICIES AND PROCEDURES:

1. Does **Applicant** have procedures in place to ensure compliance with privacy legislation (such as the Health Insurance Portability and Accountability Act "HIPAA", the Gramm-Leach-Bliley Act or other applicable legislation) with respect to the protection of confidential information? Yes No

2. Does **Applicant** collect, receive, transmit, or store confidential customer information (e.g. social security number, drivers' license number, bank account number, credit or debit card number, etc.)? Yes No

If Yes, does **Applicant** sell, share or otherwise disclose this personal information to third parties? Yes No

3. Does **Applicant** have a privacy policy posted on all of its web sites? Yes No

If Yes, has the privacy policy been reviewed and approved by General Counsel? Yes No

V. INFORMATION SECURITY POLICIES AND PROCEDURES:

1. Does **Applicant** maintain an information systems security policy? Yes No

2. Does **Applicant** have a laptop security policy? Yes No

3. Does **Applicant** store sensitive data on web servers? Yes No



4. Does **Applicant** have a computer security breach Incident Response Plan (IRP)? Yes No
5. Are penetration tests conducted on the **Applicant's** network at least annually? Yes No

VI. THIRD PARTY SERVICE PROVIDERS:

1. Is the infrastructure of the **Applicant's** web site hosted by a third party, or is the content of the **Applicant's** website managed by a third party? Yes No
2. Does **Applicant** use the services of an ASP? Yes No
3. Does **Applicant** outsource infrastructure operations? Yes No
4. Does **Applicant** use the services of a third party for off-site backup and/or archiving of electronic data? Yes No
5. Does **Applicant** require resolution of non-compliance issues within a stipulated time period? Yes No
- If Yes to any of the above in questions VI., 1 through 5, does a service agreement exist? Yes No
- If Yes, does the agreement require a level of security commensurate with the **Applicant's** information systems security policy? Yes No

VII. AUDITING PRACTICES:

1. Has **Applicant** had an external network security assessment conducted within the last 12 months? Yes No
- If Yes, by whom? _____; and
- If Yes, have all critical recommendations been complied with? Yes No

VIII. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

1. Does the **Applicant** have cyber liability insurance currently in force? Yes No
- If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

2. **MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

Has the **Applicant** ever had an application for cyber liability insurance declined, or had a cyber liability policy canceled or non-renewed by an insurer? Yes No

If Yes, please attach an explanation.



3. Has **Applicant** at any time during the past three (3) years put its insurance carrier on notice of any potential or actual losses under its prior insurance program, that may have fallen under the scope of the proposed coverage? Yes No

If Yes, attach an explanation.

4. If **Applicant** has had any computer security incidents during the past two (2) years (incident refers to any unauthorized access, intrusion, breach, compromise or use of **Applicant's** computer systems, including theft of money, proprietary information, or confidential customer information, denial of service, electronic vandalism or sabotage, computer virus or other computer incidents); respond to the following:

a. Was **Applicant** specifically targeted for such computer attacks? Yes No

b. What were the direct costs associated with all computer attacks? _____

c. Have any of the computer attacks resulted in unauthorized access to, or corruption or erasure of, data? Yes No

d. Has **Applicant** experienced a security breach that required notification of customers or other third parties? Yes No

5. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any fact, circumstances or situation which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? Yes No

If Yes, please provide full details: _____

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim arising from any facts, circumstances, situations or claims required to be disclosed in response to question 3, 4, or 5 above is excluded from the proposed insurance.

IX. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.



Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

CYBERLITE FOR MEDIASM
by CHUBB
 New Business Application

Date

Signature*

Title

Chief Executive Officer

Chief Financial or Chief
 Information Officer

*This Application must be signed by the chief executive officer and chief financial officer or the chief information officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Walterry Insurance Brokers

7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

Produced By:

Agent: _____ Agency: _____
 Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Do Not Complete-Walterry Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

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2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For MediaSM* By Chubb Application if unauthorized internet access coverage is requested;
 - Standard forms of agreement utilized by **Applicant**;
 - Any hold harmless agreement(s) **Applicant** has entered into for any Internet Activity;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization; and
 - Experience resume(s) of IT support team of **Applicant**.
4. Please return the completed Application to: **Walterry Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

I. GENERAL APPLICANT INFORMATION: Please Note – If the information below was previously supplied under another media application, please supply name and date of other application and proceed to the next section:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name, Address and Title of Primary Contact: _____

 City: _____ State: _____ Zip Code: _____ Telephone: _____
5. The **Applicant** is:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held
<input type="checkbox"/> Partnership	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____	
6. Year established: _____
7. Number of years operated under present ownership: _____
8. Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired? Yes No

If Yes, list all such locations on a separate sheet and attach it to this Application.



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.

9. a. Is **Applicant**: (i) wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 8, or (ii) does **Applicant** wholly or partially own, operate, manage or control any other businesses not previously listed in Question 1 or 8? Yes No

If Yes to either Question 9.a. (i) or (ii) above, provide complete details: _____

- b. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? Yes No

If Yes, please attach an explanation.

If Yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain:

II. SPECIFIC INFORMATION:

POLICY INFORMATION:

1. Coverage desired: Internet Activities
 Limits of Liability desired:
 Each Claim or Related Claim: \$ _____
 Aggregate for all Claims and Related Claim: \$ _____
2. Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
3. Co-insurance percentage desired for Internet Activities:
 20% Other: _____% N/A
4. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.
5. **Applicant's** projected annual gross revenues for the current calendar year: \$ _____
6. **Applicant's** projected annual gross revenues from the internet site(s) for which coverage is sought: \$ _____

INTERNET ACTIVITIES:

7. Please identify the top five (5) internet site(s) by "hits" or "related to your largest Gross Revenue producing properties" for which coverage is sought, the date each site first went on-line, and the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month



IMPORTANT: If any of the above sites are not yet on-line, please attach a complete description of the proposed site(s), the anticipated launch date and an estimated number of monthly page views (if known).

8. Does **Applicant** own a federally registered trademark in its domain name? Yes No
 If No, has **Applicant** conducted a trademark search to determine whether its domain name infringes a trademark held by a third party? Yes No
9. Do any of **Applicant's** internet sites contain any of the following content, transact business in any of the following areas, or sell/make available any of the following products or services:
- a. Pornographic material or other material of a sexually explicit nature? Yes No
 - b. Medical records or other health care information pertaining to specifically identifiable patients? Yes No
 - c. Financial services, including banking, insurance, or investment services? Yes No
 - d. Gambling, lotteries or other games of chance? Yes No
 - e. Professional services, such as legal services, accounting services, medical services or other services which must be provided by licensed professionals? Yes No
 - f. Music available to be downloaded by users? Yes No
 - g. Film or video available to be downloaded by users? Yes No

PLEASE NOTE: If **Applicant** answered Yes to any of the foregoing, **Applicant** may be ineligible for Internet Liability Coverage.

10. Does **Applicant** collect personal information (names, addresses, etc.) about visitors to **Applicant's** internet site(s)? Yes No
 If Yes, does **Applicant** sell or otherwise disclose this personal information to third parties? Yes No
 If Yes to either of the foregoing questions, does **Applicant** disclose these activities to visitors to **Applicant's** site(s)? Yes No
11. Is electronic commerce conducted on any of **Applicant's** internet sites? Yes No
 If Yes, are the transactions encrypted? Yes No
 If Yes, does **Applicant** process the transactions itself (as opposed to using an independent contractor)? Yes No
12. Does **Applicant** provide links on any of its internet sites to internal pages of other sites? Yes No
 If Yes, does **Applicant** obtain written permission from the operators of such other sites? Yes No
13. Does **Applicant** sell advertising space on any of its internet sites? Yes No
14. Does **Applicant's** internet site(s) contain any of the following:
- a. Blogs? Yes No
 If Yes, are the blogs:
 - (i) interactive? Yes No
 - (ii) written by employees? Yes No
 - (iii) written by the general public? Yes No
 - (iv) written by independent contractors/third parties? Yes No
 If Yes to Question 14.a.(iv) above, please describe any hold harmless agreements entered into between **Applicant** and independent contractors/third parties relating to the blogs: _____



- b. Chat room(s)? Yes No
 If Yes, are the chat rooms monitored? Yes No
 If so, by whom? _____
 If Yes to Question 14.b., please describe all details relating to the chat room(s): _____

15. Does **Applicant** utilize any proprietary software in the operation of any of its internet sites? Yes No
 16. Does **Applicant** provide software on any of its internet sites that can be downloaded by users? Yes No
 If Yes, does **Applicant** own all of the rights necessary to disseminate this software? Yes No
 17. What percentage of the content on **Applicant's** internet site(s) is obtained from third parties? _____%
 18. With respect to the internet content that **Applicant** obtains from third parties:
 Does **Applicant** obtain written permission from such third parties? Always Sometimes Never
 Does **Applicant** obtain written indemnification agreements from such third parties? Always Sometimes Never
 If **Applicant** answered Sometimes to either of the foregoing questions, please explain its policy regarding use of third-party content: _____

 19. What percentage of the monthly page views on **Applicant's** internet site(s) originates from outside the United States and Canada? _____%

RISK MANAGEMENT:

20. Does **Applicant** use third-party trademarks on its internet site(s) solely in order to increase the number of hits to its site(s)? Yes No
 21. Does **Applicant** have a privacy policy posted on all of its internet site(s)? Yes No
 If Yes, has the privacy policy been reviewed by counsel? Yes No
 22. Does **Applicant** have a written policy and procedure regarding the posting of content on the internet site(s) identified in this Application? Yes No
 23. Does **Applicant** require review of content by legal counsel or by management for potential legal exposures prior to allowing that content to be posted on its internet site(s)? Yes No
 24. Does **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights held by third parties? Yes No
 25. With regard to blogs and/or chat rooms, is **Applicant** familiar with the protections afforded by the Communications Decency Act and the Digital Millennium Copyright Act? Yes No
 If Yes, does **Applicant** utilize the protections offered by both Acts? Yes No
 Please describe: _____

OPTIONAL COVERAGES (additional premium will apply):

26. Does **Applicant** desire coverage for the content of email originating from it or its employees? Yes No
 If Yes, please identify the domain name from which all such email originates: _____
 Does **Applicant** have written guidelines regarding appropriate use of company email? Yes No



27. Does **Applicant** desire coverage for any other publications or communications, not identified above? Yes No

If Yes, please attach copies, or describe such publications or communications if copies are not available: _____

III. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

1. Does the **Applicant** have internet liability insurance currently in force? Yes No

a. If Yes to Question 1, are Advertising Injury included? Yes No

b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____

2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.

Has the **Applicant** ever had an application for internet liability insurance declined, or had an internet liability policy canceled or non-renewed by an insurer? Yes No

If Yes, please attach an explanation.

3. Does the **Applicant** maintain a comprehensive general liability policy? Yes No

If Yes, please provide the following information:

Name of Insurer: _____

Policy Period: _____ Limit: _____

Is Personal Injury coverage included? Yes No

Is Product Liability coverage included? Yes No

LOSS HISTORY:

4. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark or infliction of emotional distress? Yes No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

5. Please attach a list (including the status) of all claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: None



6. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? Yes No

If Yes, please attach a description which provides full details.

Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to questions 4, 5, and 6 above is excluded from the proposed insurance.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 New Business Application
 for Internet Liability Coverage

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Waltery Insurance Brokers
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



**BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING
 FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
2. Complete only those sections that are applicable to the **Applicant**, and check the appropriate box.
3. For those **Applicants** *only* applying for Production Activities or Internet Activities coverage, please complete a separate application form for each. *Do not complete this form.*
4. Attach a copy of the following:
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
 - Experience resume of key personnel if in business less than three (3) years;
 - Standard release forms;
 - Company brochures or advertising materials, etc.;
 - Brochure or list of current book titles, programming, etc.; and
 - Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.
5. Please return the completed Application to: **Waltery Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

I. GENERAL APPLICANT INFORMATION (FOR ALL APPLICANTS):

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. The **Applicant** is:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____		
5. Year established: _____
6. Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired? Yes No

If Yes, list all such locations on a separate sheet and attach it to this Application.

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

II. GENERAL POLICY INFORMATION (FOR ALL APPLICANTS):

1. Coverage desired:
 - Media Activities
 - Covered Subpoena (for NewsMedia Organizations only)
 - Production Activities (Please complete separate Application)



Internet Activities (Please complete separate Application)

Limits of Liability desired:

Each Claim or Related Claim:

Media Activities: \$ _____

Covered Subpoena: \$ _____

Aggregate for all Claims, Related Claims and Covered Subpoenas (if applicable): \$ _____

2. Retention Amount desired for each Claim or Related Claim:

\$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____

3. Retention desired for each Covered Subpoena (if applicable):

\$10,000 Other: \$ _____

4. Co-insurance percentage desired for each Covered Subpoena, Claim or Related Claims:

Media Activities: 20% Other: _____%

Covered Subpoena: 20% Other: _____%

5. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

6. Describe Media Activities to be insured: _____

III. RISK MANAGEMENT PROCEDURES (FOR ALL APPLICANTS):

LEGAL AND EDITORIAL REVIEW:

1. Please provide the name, address, telephone number, and years of experience of the **Applicant's** in-house legal counsel:

2. Does the **Applicant** retain outside counsel for advice regarding potential liabilities arising out of newsgathering or out of the publication, production, dissemination or broadcast of material or content? Yes No

If Yes, please provide the following information for each outside counsel:

Name of firm: _____

Principal contact: _____

Years of experience: _____

3. a. Please describe the **Applicant's** policy and practice regarding review and **editing** of articles, broadcasts, or other communications prior to publication, including the names of the individuals conducting the review and their experience, as well as the procedures/guidelines for referring to outside counsel:

b. Please describe the **Applicant's** policy and practice regarding **legal review** of articles, broadcasts, or other communications prior to publication, including the name of the outside counsel, years of experience, and how often outside counsel is used to conduct reviews:

4. Please describe the **Applicant's** policy and practice regarding continuing education for staff on legal issues pertaining to libel, privacy, intellectual property, and related media and entertainment law:



5. Approximate percentage of all media for which **Applicant** is indemnified by another party: _____%

OTHER RISK MANAGEMENT:

6. Is any Covered Media published, broadcast, or otherwise communicated in a language other than English? Yes No

If Yes, please identify such Covered Media and the language used:

7. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? _____%

8. Describe **Applicant's** policy and practice regarding the processing of and response to requests for retraction or correction:

9. Does **Applicant** engage in any live programming? Yes No

If Yes, please describe the type of delay device utilized and **Applicant's** policy and practice regarding the use of such device:

10. List membership in industry groups or associations: _____

11. Editorial Procedures for Publishing Operations:

Please check: Applicable N/A (If N/A proceed to next section.)

a. Are editors familiar with current defamation and privacy law in all jurisdictions where your media is circulated? Yes No

b. Are letters-to-the-editor edited? Yes No

c. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies? Yes No

d. Are written releases obtained from persons appearing in photographs or from photo agencies? Yes No

e. Do free-lance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? Yes No

If Yes, please attach a copy of warranty.

f. Is a disclaimer issued with respect to technical information or advice? Yes No

g. Are titles of all publications cleared? Yes No

h. Are unsolicited articles or photographs accepted? Yes No

If Yes, please describe procedures for processing: _____

12. Programming/Operational Procedures for Broadcasting, Telecasting and Cablecasting:

Please check: Applicable N/A (If N/A proceed to next section.)

Please check: Broadcasting Telecasting Cablecasting



- a. Are news teams familiar with current defamation and privacy law in all jurisdictions where your media is circulated? Yes No
- b. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? Yes No
- c. Do the news teams engage in "investigative" reporting? Yes No
 If Yes, provide description of methods for documenting sources of information.
- d. Are "action reporter" or similar consumer programs broadcast or telecast? Yes No
- e. Does the **Applicant** engage in any of the following newsgathering practices:
 - Hidden cameras/microphones? Yes No
 - Reliance on anonymous sources? Yes No
 - "Undercover" investigations? Yes No
 If Yes to any of the items in Question 12.e. above, please describe the **Applicant's** policy and practice governing the use of such techniques:

- f. Do reporters participate in ride alongs with law enforcement, medical emergency services, private investigators, or any other ride alongs? Yes No
 If "other" ride alongs, please explain: _____
- g. Are talk shows and interview programs pre-taped or pre-recorded? Yes No
- h. Do television news teams use "mini-cams"? Yes No
- i. Do any stations produce programming used by stations which **Applicant** does not own or operate? Yes No
- j. Are independent producers required to provide **Applicant** written hold harmless or indemnity agreements with respect to the programming they offer? Yes No
 If Yes, please attach a copy of the agreement.
- k. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? Yes No
- l. Does **Applicant** pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No

13. Newspaper Publishing and NewsMedia Broadcasting Operations:

Please check: Applicable N/A (If N/A proceed to next section.)

Please check: Newspaper Publishing NewsMedia Broadcasting

- a. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? _____%
- b. Does **Applicant** obtain rights to future use of material supplied by stringers, freelancers, or other non-employees? Yes No
- c. Please describe the **Applicant's** policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement:

- d. Please describe the **Applicant's** policy and practice regarding indemnification or hold harmless agreements with third parties to whom the **Applicant** supplies content for publication or broadcast, and attach a sample of any standard indemnification or hold harmless agreement:



- e. List news feature services or syndicates used: _____
- f. Please describe the **Applicant's** policy and practice regarding obtaining: (a) ownership of a copyright; (b) a license for the use of copyrighted content; and (c) other rights in the content of the material supplied by stringers, freelancers or other non-employees. Attach samples of any standard agreement used in connection with the above, including but not limited to any standard "work made for hire" licenses and any hold harmless or indemnification agreements:

- g. In connection with Question 13.f. above, please describe: (a) when the **Applicant** instituted its current policy and practice; and (b) any policy and practice replaced by the current policy and practice:

- h. Please describe any past, current, or anticipated future electronic publication, electronic dissemination, or electronic reproduction of any content by **Applicant** (or any current or anticipated future discontinuation of such publication, dissemination, or reproduction), including but not limited to the use by the **Applicant** of any electronic archive, database, CD-ROM, internet, email or other electronic means or any future medium that may enable such dissemination:

- i. What percentage of the content described in Question 13.h. above was, is, or is anticipated to be supplied by stringers, freelancers or other non-employees?
 Past: _____% Current: _____% Anticipated Future: _____%
- j. What percentage of the content described in Question 13.h. above was, is, or is anticipated to constitute a reproduction of a contribution to a collective work?
 Past: _____% Current: _____% Anticipated Future: _____%

IV. FINANCIAL INFORMATION (FOR ALL APPLICANTS):

Note: Financial Information for Media Liability Coverage for Authors, Distributor Liability and Music Liability Should be Completed Separately Under the Media Liability Coverage for Authors Application, as well as the Supplemental Applications for Distributor Liability and Music Liability.

1. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by **Applicant**, derived from the following media activities to be covered by the proposed policy:

TOTAL ANNUAL OPERATING SALES/REVENUES			
Activity For Which Coverage Is Sought:	Past 12 Months	Current 12 Months	Estimate for Coming Year
1. Advertiser Liability:	\$ _____	\$ _____	\$ _____
2. Advertising Agency Liability:	\$ _____	\$ _____	\$ _____
3. Book publishing:	\$ _____	\$ _____	\$ _____
4. Broadcasting (Radio):	\$ _____	\$ _____	\$ _____
5. Broadcasting (Television):	\$ _____	\$ _____	\$ _____



6. Cablecasting:	\$ _____	\$ _____	\$ _____
7. Magazine or Periodical Publishing:	\$ _____	\$ _____	\$ _____
8. Newspaper Publishing:	\$ _____	\$ _____	\$ _____
9. Miscellaneous: please describe: _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

2. Estimated total gross annual operating sales or revenues, by geographic breakdown, for the coming year **for media activities to be covered by the proposed policy:**

GEOGRAPHIC BREAKDOWN BY PERCENTAGE OF GROSS ANNUAL REVENUE:			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. United States:	\$ _____	\$ _____	\$ _____
2. Canada:	\$ _____	\$ _____	\$ _____
3. United Kingdom:	\$ _____	\$ _____	\$ _____
4. Australia:	\$ _____	\$ _____	\$ _____
5. Asia:	\$ _____	\$ _____	\$ _____
6. Europe:	\$ _____	\$ _____	\$ _____
7. Other countries – specify: _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

V. COVERED MEDIA/OPERATIONS INFORMATION: (Only complete applicable section(s) and add attachments, if needed.)

A. ADVERTISER LIABILITY COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. Describe the nature of **Applicant's** business and the types of products or services **Applicant** provides:

2. List advertising agency(ies) used: _____
3. Please check the appropriate box for each of the following:
 - a. Does **Applicant** operate an in-house advertising agency? Yes No
 - b. Does **Applicant** engage in comparative advertising? Yes No
 - c. Are written hold harmless or indemnity agreements required from advertising agencies and the media? Yes No
 - d. Are advertising agencies and the media required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? Yes No



- e. If employees make creative contributions to advertising, are written releases obtained from these employees? Yes No
- f. Does **Applicant** develop product names, package design or display designs? Yes No
 If Yes, please describe procedures for trademark searches: _____

- g. Has **Applicant** been cited by any regulatory agency for violations arising out of its advertising activities? Yes No

4. Provide the approximate percentage of gross revenues estimated for the coming year for the following advertising activities:

_____ % Radio	_____ % Magazines	_____ % Billboards
_____ % Television	_____ % Catalog/Mail orders	_____ % Newspapers
_____ % Internet	_____ % Flyers	_____ % Other – specify: _____

5. Provide the amount the **Applicant** spends advertising its products and services (gross advertising expenditures): \$ _____

6. Attach the following:
- Standard client contract for advertising activities;
 - Standard client contract for web site design/development activities; and
 - Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.

B. ADVERTISING AGENCY LIABILITY COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. Describe nature of **Applicant's** business, including any areas of specialization: _____

2. List major clients and description of their business: _____

3. Provide the approximate percentage of gross revenues estimated for the coming year for the following advertising activities:

_____ % Public relations consultant	_____ % Mail order catalog
_____ % Printing	_____ % Broadcasting
_____ % Production of films, radio or television programs	_____ % Package/display/product design
_____ % Photo Service	_____ % Music service
_____ % Promotions/sweepstakes development	_____ % Market research
_____ % Web site design	_____ % Media buying
_____ % Web hosting	_____ % Direct marketing
_____ % Publishing	_____ % Comparative advertising
_____ % Product testing	
_____ % Live Events	
_____ % Other – specify: _____	

4. a. Has **Applicant** been cited by any regulatory agency for violations arising out of advertising activities? Yes No
 If Yes, please explain: _____

b. Does **Applicant** obtain written releases with respect to creative material or talent utilized in advertising? Yes No

c. Does **Applicant's** contract always provide for client approval? Yes No



d. Does **Applicant** develop product names, package design or display designs? Yes No
 If Yes, please describe procedures for trademark searches: _____

5. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers or other non-employees? _____%

6. Please describe the **Applicant's** policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement:

7. Attach the following:

- Standard client contract for advertising activities;
- Standard client contract for web site design/development activities; and
- Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.

C. BOOK PUBLISHING LIABILITY COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

1. Type of books published: (Please provide approximate percentage of revenues for each of the following categories.)

_____ % Textbooks	_____ % Poetry
_____ % Children's	_____ % How-to-do-it
_____ % Current, biography, autobiography	_____ % Technical
_____ % History, biography	_____ % Religious
_____ % Investigative reporting, exposé	_____ % Social, political commentary
_____ % Classics	_____ % Celebrity
_____ % Fiction	_____ % Other – specify: _____

100% **TOTAL**

2. For current fiscal year, specify number of:

Original titles: _____ Reprints: _____ Titles distributed for others: _____

3. Percentage of indemnification provided by author through publishing contract: _____%

4. Are authors required to provide evidence of insurance with respect to content provided? Yes No
 If Yes, please complete a separate application.

5. Attach the following:

- Brochure of current titles or book order list;
- Description of standard procedures for checking originality, works, accuracy of content, title clearance, etc.; and
- Copy of standard publisher-distributor agreement.

D. ROADCASTER LIABILITY COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

RADIO BROADCASTING:

1. a. Covered Media: List all radio stations owned or operated by **Applicant** (attach separate sheet, if necessary).



Call Letters	AM/FM	Location & Geographic Market	Date Licensed	% Simulcast / Fully Automated	Estimated Number of Listeners	Highest 60-second Advertising Rate

b. Briefly describe station format or type of programming: _____

TELEVISION BROADCASTING:

2. a. Covered Media: List all television stations owned or operated by **Applicant** (attach separate sheet, if necessary):

Call Letters	Location & Geographic Market	Date Licensed	Estimated Number of Viewers	Highest Advertising Rate per Hour	Highest 30-second Spot Rate	Number of Subscribers

b. Briefly describe station format or type of programming: _____

CABLECASTING:

3. a.

Name of System	Location(City/State)	Number of Subscribers

b. Market classification: _____
 c. Does system originate any programming? Yes No
 If Yes, please provide the following information:

Type	Number of hours per week	Gross receipts derived from syndication

4. Attach the following:

- Advertising rate card or statement of current highest 60-second or hourly rate (such rates are auditable by insurance carrier).
- Description of standard clearance procedures for checking originality and accuracy of content, title clearance, copyright clearance, and ensuring authorized use of name and likeness, film clips and music.

E. MAGAZINE & PERIODICAL PUBLISHER LIABILITY COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. a.

Name of Publication	Location (City/State)	Date First Published	Average Circulation	Frequency of Publication	Type of Publication



- b. Check primary circulation area:
 International National Rural Suburban Metro Regional Campus
 Controlled Circulation Other – specify: _____

2. Attach the following:
- One copy of each publication or a manuscript if publication is to be released into circulation in the next 90 days as a new offering.

F. NEWSPAPER PUBLISHING COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. a. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation, and geographical market served:

Name of Publication	Location (City/State)	Date First Published	Average Circulation	Frequency of Publication	Type of Publication

- b. Check primary circulation area:
 International National Regional Metro Suburban Rural Campus
 Controlled Circulation Shopper Web Site Other – specify: _____

2. Has the **Applicant** obtained the advice of in-house or outside counsel regarding its past, current, or anticipated future policy and practice regarding electronic reproduction? Yes No
 If Yes, please explain: _____

3. Attach the following:
- Copies of standard contracts/hold harmless agreements with advertisers and advertising agencies; and
 - Copy of current rate cards for covered broadcast stations.

G. AUTHOR LIABILITY COVERAGE:

1. Is **Applicant** an author seeking coverage for a book, play, journal or article? Yes No
 If Yes, please complete the Author Liability Supplemental Application.

H. DISTRIBUTOR LIABILITY COVERAGE:

1. Does **Applicant**: (i) plan to distribute and exhibit productions to be insured? Yes No
 If Yes, please complete the Distributor Liability Supplemental Application.

I. MUSIC LIABILITY COVERAGE:

1. Does **Applicant** perform, record, publish or write music, or distribute or produce audio recordings? Yes No
 If Yes, please complete the Music Liability Supplemental Application.

VI. MISCELLANEOUS: Please check: Applicable N/A If N/A proceed to next section.

1. Other published materials: (i.e., charts, graphs, maps, audio-visual aids, greeting cards, brochures, etc.)
- | |
|-------|
| Type: |
| |

VII. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE (FOR ALL APPLICANTS):

1. Does the **Applicant** have media liability insurance currently in force? Yes No



- a. If Yes to Question 1, is Advertising Injury coverage included? Yes No
- b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.

Has the **Applicant** ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by the insurer? Yes No

If Yes, please attach an explanation.

3. Does the **Applicant** maintain a comprehensive general liability policy? Yes No

If Yes, please provide the following information:

Name of Insurer: _____

Policy Period: _____ Limit: _____

Is Personal Injury coverage included? Yes No

Is Product Liability coverage included? Yes No

LOSS HISTORY:

4. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? Yes No

If Yes, please describe in detail the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition:

5. Please attach a list (including the status) of all media liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: None

6. a. In the past five (5) years, how many subpoenas have been served on the **Applicant**, seeking documents or information obtained in the course of newsgathering activities? _____

b. Of these, how many times has the **Applicant** challenged the subpoena by filing a motion in court? _____

c. Please provide a list detailing all **Defense Costs** incurred in connection with each separate challenge to a subpoena listed in Question 6.b. above: _____

7. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any facts, circumstances or



situations which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? Yes No

If Yes, please provide full details: _____

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim arising from any facts, circumstances, situations or claims required to be disclosed in response to questions 4, 5, 6, and 7 above is excluded from the proposed insurance.

VIII. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IX. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: **ARNING:** 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Waltery Insurance Brokers
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



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.

9. a. Is **Applicant**: (i) wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 8, or (ii) does **Applicant** wholly or partially own, operate, manage or control any other businesses not previously listed in Question 1 or 8? Yes No

If Yes to either Question 9.a. (i) or (ii) above, provide complete details: _____

- b. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? Yes No

If Yes, please attach an explanation.

If Yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain:

II. SPECIFIC INFORMATION:

POLICY INFORMATION:

1. Coverage desired: Production Activities

Limits of Liability desired:

Each Claim or Related Claim: \$ _____

Aggregate for all Claims and Related Claim: \$ _____

2. Retention Amount desired for each Claim or Related Claims:

\$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____

3. Co-insurance percentage desired for Production Activities:

20% Other: _____% N/A

4. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

5. a. **Applicant's** estimated total gross revenues and production costs/budget for the Production:

Production Costs/Budget: _____ Estimated Gross Revenues: _____

If multiple productions or series of productions are to be insured, please provide the information requested in this Question 5 for each production or series of productions on a separate sheet and attach it to this Application.

- b. Does **Applicant** offer/publish any information on-line? Yes No

If Yes:

(i) Describe content and format: _____

(ii) Is it an interactive on-line service? Yes No

(iii) What is the web address: _____

6. a. Title of Production to be insured: _____

b. Estimated start date of principal filming: _____



c. Estimated dates for first release or air date: _____

If multiple productions or a series of productions are to be insured, please provide the information requested to this Question 6 for each production or series of productions on a separate sheet and attach it to this Application.

7. a. Type of production:

<input type="checkbox"/> Motion Picture for Theatrical Release	<input type="checkbox"/> Motion Picture for Television Release
<input type="checkbox"/> T.V. Series Number of episodes: _____	<input type="checkbox"/> T.V. Special Program Running Time: _____
<input type="checkbox"/> T.V Pilot Number of episodes: _____	<input type="checkbox"/> T.V. Docudrama Program Running Time: _____
<input type="checkbox"/> T.V. Mini-series Number of episodes: _____	<input type="checkbox"/> T.V. Daily Program Program Running Time: _____
<input type="checkbox"/> Music Video Program Running Time: _____	<input type="checkbox"/> T.V. Infomercial Program Running Time: _____
<input type="checkbox"/> Training Film	<input type="checkbox"/> Industrial Film
<input type="checkbox"/> Documentary	<input type="checkbox"/> T.V. Commercial
<input type="checkbox"/> Radio Program Number of episodes: _____	<input type="checkbox"/> Direct to Video/DVD Program Running Time: _____
<input type="checkbox"/> Other (e.g. theatrical stage presentation) Describe: _____	

b. Please list the distributor, network or cable outlet for each Production to be insured:

8. Summary of plot, including time frame and setting: _____

9. Name of Producer for each Production to be insured: _____

10. Name of Executive Producer for each Production to be insured: _____

11. Names of authors and writers of:

a. underlying works: _____

b. screenplays, etc.: _____

12. Production is:

- Entirely fictional
- Entirely fictional but inspired by real events or occurrences
- True portrayal of real events or occurrences
- True portrayal of real events or occurrences but includes some fictionalization
- Based on another work



Name of other work: _____

Have the necessary agreements from the owners of the other work been obtained? Yes No

Other (Please explain): _____

13. Production is:

<input type="checkbox"/> Drama	<input type="checkbox"/> Comedy	<input type="checkbox"/> Children's Show	<input type="checkbox"/> Documentary
<input type="checkbox"/> Reality	<input type="checkbox"/> Variety	<input type="checkbox"/> Game or Quiz	<input type="checkbox"/> Musical
<input type="checkbox"/> Investigative	<input type="checkbox"/> Animated	<input type="checkbox"/> Educational	<input type="checkbox"/> "How To"
<input type="checkbox"/> Commentary or Forum	<input type="checkbox"/> Sports	<input type="checkbox"/> Previously Released Film	
<input type="checkbox"/> Other (Please explain): _____			

14. **Applicant's** projected distribution:

<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> Local
--	-----------------------------------	-----------------------------------	--------------------------------

15. Will any merchandise (such as toys, dolls, clothing, etc.) be created from the Production? Yes No

a. If Yes, please describe all such merchandise: _____

b. Have all necessary consents and licenses been obtained from performers, authors, artists, etc., to produce and distribute this merchandise? Yes No

c. Will appropriate trademark or other searches be made before merchandising characters or other matter that might be subject to trademark, unfair competition or other similar claims? Yes No

d. Is the merchandise being designed and/or produced by licensees of the **Applicant**? Yes No

If Yes, are the licensees providing warranties and indemnities that their contributions to the design, marketing and production of the merchandise and packaging will not infringe upon the rights of others? Yes No

III. RISK MANAGEMENT PROCEDURES:

1. **Applicant's** attorney (individual's name): _____

Firm name and address: _____

Years of experience: _____

Phone: _____ Fax: _____ Email: _____

2. Has the **Applicant's** attorney read the Clearance Procedures attached to this Application? Yes No

3. a. Does **Applicant** maintain written clearance guidelines for obtaining all necessary releases, licenses, and consents? Yes No

If Yes, please provide a copy of clearance guidelines with this Application.

b. Has the **Applicant's** attorney approved as adequate the clearance procedures used by the **Applicant** in connection with the Production? Yes No

If No, have the producer and attorney arranged that the producer will give the attorney adequate information and materials to approve clearance procedures prior to the completion of the Production? Yes No

If No to any part of this question, please describe all clearance procedures that the attorney has not yet approved (such as chain of title, script clearance, or review of contracts): _____



4. Does the **Applicant** have a process for processing unsolicited submissions? Yes No
 If Yes, please provide a copy of this process.
5. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness) in the Production? Yes No
 If Yes, have clearances been obtained in all cases? Yes No
 If clearances have not been obtained, please explain: _____
-
6. Is the name or likeness of any deceased person used or is any deceased person portrayed (with or without name or likeness) in the Production? Yes No
 If Yes, have clearances been obtained in all cases from personal representatives, heirs or other owners of such rights? Yes No
 If clearances have not been obtained, please explain: _____
7. Is there any reasonable expectation that a living person could claim to be identifiable in the Production, whether or not the person's name or likeness is used or the Production purports to be fictional? Yes No
 If Yes, has a release been obtained from such person? Yes No
 If a release has not been obtained from such person, please explain: _____
-
8. Has the **Applicant** or any of its agents or predecessors failed to obtain an agreement or release after bargaining for:
- a. any rights in literary, musical or other material; or Yes No
 b. releases from any persons in connection with the Production? Yes No
9. Has a title report been obtained from any title clearance service? Yes No
 If Yes, please attach copy of the title report.
10. Has a copyright report been obtained? Yes No
 If Yes, are there any ambiguities or gaps in the line of copyright ownership ("chain of title")? _____

 If No, please explain why not: _____
-
11. Is there any literary or other material in the production that was copyrighted in the United States before January 1, 1978? Yes No
 If Yes, please explain: _____
-
12. Are any clips (film or video excerpts from other sources) or photographs used in this Production? Yes No
 If Yes, have all licenses and consents for the clips been obtained? Yes No
 If No, please explain: _____
-
13. Has a script research report been obtained (to clear character and business names, etc.)? Yes No
 If Yes, have suggested changes been made and suggested permissions obtained? Yes No



If No to either question, please explain: _____

14. Have musical rights been cleared? Yes No
- a. Recording and synchronization rights? Yes No
- b. Performing rights? Yes No
- c. Right to distribute for all forms contemplated (home video/DVD/CD/Soundtrack/cassette or any other technology that may be developed in the future, etc.)? Yes No
- d. If any part is answered **No**, will these rights be obtained prior to release? Yes No
15. Does **Applicant** require a hold harmless agreement with respect to music, programming, advertising or other information obtained from third parties? Yes No
16. a. Are products used in any Production listed in Question 6.a. of Section II of this Application? Yes No
 If Yes, does **Applicant** obtain releases from owners of these products? Yes No
- b. If **Applicant** uses product placement in its Productions, but does not obtain revenue from the owners of those products or trademarks, does **Applicant** obtain signed releases from the owners of those products or trademarks in the course of making the Productions? Yes No
17. If original music was commissioned, have a warranty of originality and an indemnity against third party claims been obtained from the composer? Yes No

IV. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

1. Does the **Applicant** have producer liability insurance currently in force? Yes No
- a. If Yes to Question 1, is Advertising Injury coverage included? Yes No
- b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

2. **MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**
- Has the **Applicant** ever had an application for producer liability insurance declined, or had a producer liability policy canceled or non-renewed by an insurer? Yes No
- If Yes, please attach an explanation.

3. Does the **Applicant** maintain a comprehensive general liability policy? Yes No
- If Yes, please provide the following information:
- Name of Insurer: _____
- Policy Period: _____ Limit: _____
- Is Personal Injury coverage included? Yes No



Is Product Liability coverage included?

Yes No

LOSS HISTORY:

4. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass?

Yes No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

5. Please attach a list (including the status) of all producer liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: None

6. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance?

Yes No

If Yes, please attach a description which provides full details.

Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 4, 5, and 6 above is excluded from the proposed insurance.

V. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

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Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 New Business Application
 for Producers Liability Coverage

Waltery Insurance Brokers

7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



Clearance Procedures

The Clearance Procedures below should not be construed as exhaustive and they do not cover all situations that may arise in any particular circumstance or any particular Production.

1. Applicant and its counsel should monitor the Production at all stages, from inception through final cut, with a view to eliminating material that could give rise to a claim.

Consideration should be given to the likelihood of any claim or litigation. Is there a potential claimant portrayed in the Production who has sued before or is likely to sue again? Is there a close copyright or other legal issue? Is the subject matter of the Production such as to require difficult and extensive discovery in the event of necessity to defend? Are sources reliable? The above factors should be considered during all clearance procedures.

2. The Producer and the lawyer need to read the script prior to commencement of Production to eliminate matter that is defamatory, invades privacy or is otherwise potentially actionable.
3. A script research report should also be prepared before filming to alert the Producer to potential problems. Such problems may include: names of fictional characters that are coincidentally similar to real people; script references to real products, businesses or people if not cleared; or uses of copyrighted or other protected materials, etc. Fictional character names should be checked in relevant telephone directories, professional directories or other sources to minimize the risk of accidental identification of real people. Similar checks should be done for the names of businesses, organizations and products used in the Production. Special care should be taken to check names of person, businesses, etc., that are negatively portrayed. The Producer also must be alert to elements that do not appear in the script (such as art works used on the set) but that may need clearances.
4. If the Production is a documentary and there is no script, the Producer should provide its counsel with a detailed synopsis of the project in advance of production. (If it is a documentary series, the lawyer should receive a detailed synopsis of each episode.) If the Production will involve negative statements about people or businesses, the Producer should provide counsel with full details about the allegations and their merit. Problem statements can then be identified and thus avoided while filming. During filming, the Producer should be careful to avoid (or consult with counsel about) possible problem areas. (Examples include: filming identifiable copyrighted items or performances, trademarks, persons who have not specifically consented to be filmed, or minors.) Relevant laws differ from place to place: some jurisdictions have very restrictive rules about filming persons, signs, buildings, public art, etc. Also, be careful to avoid narration or editing that accidentally implies negative things about pictured people, products and businesses.
5. A copyright report on the underlying script, book or other work must be obtained, unless the work is an unpublished original, not based on any other work, and it is certain that it was not optioned or licensed to others prior to the Applicant's acquisition of rights. Both domestic and foreign copyrights and renewal rights should be checked. If a completed film is being acquired, a similar review should be made of copyright and renewals on any copyrighted underlying property.
6. The origins of the work should be ascertained — basic idea, sequence of events and characters. Have submissions of any similar properties been received by the Applicant or someone closely involved with the Production? If so, the circumstances as to why the submitting party may not claim theft or infringement should be described in detail.
7. Prior to final title selection, a title report must be obtained. **TITLE COVERAGE WILL NOT BE OFFERED UNLESS A RECENT TITLE REPORT HAS BEEN SUBMITTED TO AND APPROVED BY THE COMPANY.**
8. Whether the Production is fictional or factual, the names, faces and likenesses of any recognizable living persons should not be used unless written releases have been obtained. A release is unnecessary if a person is part of a crowd scene or shown in a fleeting background. Releases can only be dispensed with if the Applicant provides the Company with specific reasons, in writing, as to why such releases are unnecessary and such reasons are accepted by the Company. The term "living persons" includes thinly disguised versions of living persons or living persons who are readily identifiable because of identity of other characters or because of the factual, historical or geographic setting.



9. All releases must give the Applicant the rights to edit, modify, add to and/or delete material, juxtapose any part of the film with any other film, change the sequence of events or of any questions posed and/or answers given, fictionalize persons or events, and make any other changes in the film that the Applicant deems appropriate. If a minor, consent has to be legally binding.
10. If music (pre-existing or original) is used, the Applicant must obtain all necessary synchronization and performance licenses from copyright proprietors. All necessary licenses must also be obtained for recordings of such music.
11. Written agreements must exist between the Applicant and all creators, authors, writers, performers and any other persons providing material (including quotations from copyrighted works) or on-screen services.
12. If distinctive locations, buildings, businesses, personal property or products are filmed, written releases must be secured. This is not necessary if such real property is seen only as non-distinctive background.
13. If the Production involves actual events, it should be ascertained that the author's major sources are independent and primary (contemporaneous newspaper reports, court transcripts, interviews with witnesses, etc.) and not secondary (another author's copyrighted work, autobiographies, etc.).
14. Shooting script and rough-cuts should be checked to assure compliance with all of the above. During photography, persons might be photographed on location, dialogue added or other matter included that was not originally contemplated.
15. If the intent is to use the Production or its elements on videocassettes, web sites, multimedia formats or other technology, rights to manufacture, distribute and release the Production must include the above rights and must be obtained from all writers, directors, actors, musicians, composers and others necessary therefore, including proprietors of underlying materials.
16. Film/video clips are dangerous unless licenses and authorizations for the second use are obtained from the owner of the clip, as well as licenses from all persons rendering services in or supplying material contained in the clip; e.g., owners of underlying literary rights, writers, directors, actors, music owners or musicians. Special attention should be paid to music rights as music owners often take the position that new synchronization and performance licenses are required.
17. Living persons and even the deceased (through their personal representatives or heirs) may have a "right of publicity." Clearances must be obtained where necessary. Where the work is fictional in whole or in part, the names of all characters must be fictional. If for some special reason particular names need not be fictional, full details must be provided to the Company in an attachment to the Application.



BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE CYBERLITE MEDIA ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD," OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE RENEWAL APPLICATION CAREFULLY BEFORE SIGNING.

RENEWAL APPLICATION INSTRUCTIONS:

1. Whenever used in this Renewal Application, the term "**Applicant**" shall mean the Parent Organization and its Subsidiaries, unless otherwise stated.
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated Renewal Application for Media Liability Insurance;
 - Completed, signed and dated Renewal Application for Internet Liability Coverage;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization, and
 - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.
4. Please return the completed Renewal Application to: **Waltery Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

I. NAME, ADDRESS AND CONTACT INFORMATION: Please Note – If the information below was previously supplied under another media application, please supply name and date of other application and proceed to the next section: _____

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Name of Primary Contact: _____
4. Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____

II. SPECIFIC INFORMATION:

1. Please attach a copy of the following for every **Applicant** seeking coverage:
 - A list showing any changes in subsidiaries since the date of the last signed Application submitted to the Company, showing date created, acquired, sold or closed, state of incorporation, percentage ownership, nature of business, total revenues, assets and net income for the most recent year end financials.
2. Coverage desired: **Disclosure Injury;** **Conduit Injury**
 Impaired Access Injury



Limits of Liability desired:

Each Claim or Related Claim: \$ _____

Aggregate for all Claims and Related Claim: \$ _____

3. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the Parent Organization.

4. Does the **Applicant** anticipate in the next twelve (12) months:

a. Establishing or entering into any related or unrelated ventures which are a material change in operations? Yes No

b. Providing any new e-commerce products or services? Yes No

If Yes to 4.a. or 4.b., please provide full details on a separate sheet.

5. Who is the contact person for a network security self-assessment:

Name: _____ Title: _____

Telephone: _____ E-Mail: _____

III. COMPANY STATISTICS AND NATURE OF APPLICANT'S INTERNET ACTIVITIES:

1. Have there been any changes to the technology services or products the **Applicant** provides to third parties since the date of the last signed application submitted to the Company? Yes No

If Yes, attach an explanation of these services and quantify the revenue associated with them.

2. Do third parties rely on the availability of the **Applicant's** web site(s) in order to transact business? Yes No

If Yes, please indicate below whether business or consumer and how much of their revenue is dependent upon use of the **Applicant's** web site(s).

Business-to-Business: _____

Business-to-Consumer: _____

IV. PRIVACY POLICIES AND PROCEDURES:

1. Does the **Applicant** have procedures in place to ensure compliance with privacy legislation (such as the Health Insurance Portability and Accountability—HIPAA, the Gramm-Leach-Bliley Act or other applicable legislation) with respect to the protection of confidential information? Yes No

2. Does the **Applicant** collect, receive, transmit, or store confidential customer information (e.g. social security number, drivers' license number, bank account number, credit or debit card number, etc.)? Yes No

If Yes, does the **Applicant** sell, share or otherwise disclose this personal information to third parties? Yes No

3. Does the **Applicant** have a privacy policy posted on all of their web sites? Yes No

If Yes, has the privacy policy been reviewed and approved by General Counsel? Yes No

V. INFORMATION SECURITY POLICIES AND PROCEDURES:

1. Does the **Applicant** maintain an information systems security policy? Yes No

2. Does the **Applicant** have a laptop security policy? Yes No

3. Does the **Applicant** store sensitive data on web servers? Yes No

4. Does the **Applicant** have a computer security breach Incident Response Plan (IRP)? Yes No



5. Are penetration tests conducted on the **Applicant's** network at least annually? Yes No

VI. THIRD PARTY SERVICE PROVIDERS:

1. Is the infrastructure of the **Applicant's** web site hosted by a third party, or is the content of the **Applicant's** website managed by a third party? Yes No
 2. Does the **Applicant** use the services of an ASP? Yes No
 3. Does the **Applicant** outsource infrastructure operations? Yes No
 4. Does the **Applicant** use the services of a third party for off-site backup and/or archiving of electronic data? Yes No
 5. Does the **Applicant** require resolution of non-compliance issues within a stipulated time period? Yes No
- If Yes to any of the above in questions VI., 1 through 5, does the agreement require a level of security commensurate with the **Applicant's** information systems security policy? Yes No

VII. AUDITING PRACTICES:

1. Has the **Applicant** had an external network security assessment conducted within the last 12 months? Yes No
 If Yes, by whom? _____; and
 If Yes, have all critical recommendations been complied with? Yes No

VIII. COMPUTER SECURITY INCIDENT AND LOSS HISTORY:

1. If the **Applicant** has had any computer security incidents since the date of the last signed application submitted to the Company (incident refers to any unauthorized access, intrusion, breach, compromise or use of the **Applicant's** computer systems, including theft of money, proprietary information, or confidential customer information, denial of service, electronic vandalism or sabotage, computer virus or other computer incidents); respond to the following:
 - a. Was the **Applicant** specifically targeted? Yes No
 - b. What were the direct costs associated with all computer attacks? _____
 - c. Have any of the computer attacks resulted in unauthorized access to, or corruption or erasure of, data? Yes No
 - d. Has the **Applicant** experienced a security breach that required notification of customers or other third parties? Yes No

IX. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Renewal Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

X. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Renewal Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Renewal Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Renewal Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agree that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the **Applicant** to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.



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Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

CYBERLITE FOR MEDIASM
by CHUBB
 Renewal Application

Date

Signature*

Title

Chief Executive Officer

Chief Financial or Chief
 Information Officer

*This Renewal Application must be signed by the chief executive officer and chief financial officer or the chief information officer of the Parent Organization acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Walterry Insurance Brokers

7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

Produced By:

Agent: _____ Agency: _____
 Agency Taxpayer ID or SS No.: _____ Agent License No.: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Do Not Complete-Walterry Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



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2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For MediaSM* By Chubb Application if unauthorized internet access coverage is requested;
 - Any hold harmless agreement(s) **Applicant** has entered into for any Internet Activity;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization, and
 - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.
4. Please return the completed Renewal Application to: **Waltery Insurance Brokers**
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 Web site www.waltery.com • Email media@waltery.com

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____

II. SPECIFIC INFORMATION:

INTERNET ACTIVITIES:

1. Since the submission date of the last Application to the Company has **Applicant's** top five (5) internet site(s) by "hits" or "related to your largest Gross Revenue producing properties" for which coverage is sought, changed? Yes No
 If Yes, please describe in detail any additions or subtractions to that top five (5) list: _____

RISK MANAGEMENT:

2. Does **Applicant** have a written policy and procedure regarding the posting of content on the internet site(s) identified in this Renewal Application? Yes No
3. Does **Applicant** require review of content by legal counsel or by management for potential legal exposures prior to allowing that content to be posted on its internet site(s)? Yes No
4. Does **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights held by third parties? Yes No



OPTIONAL COVERAGES (additional premium will apply):

5. Does **Applicant** desire coverage for the content of email originating from it or its employees? Yes No
 If Yes, please identify the domain name from which all such email originates: _____
 Does **Applicant** have written guidelines regarding appropriate use of company email? Yes No
6. Does **Applicant** desire coverage for any other publications or communications, not identified above? Yes No
 If Yes, please attach copies, or describe such publications or communications if copies are not available:

III. PRIOR INSURANCE, OTHER INSURANCE AND LOSS HISTORY:

1. Does the **Applicant** maintain a comprehensive general liability policy? Yes No
 If Yes, please provide the following information:
 Name of Insurer: _____
 Policy Period: _____ Limit: _____
 Is Personal Injury coverage included? Yes No
 Is Product Liability coverage included? Yes No

LOSS HISTORY:

2. Since the submission date of the last Application to the Company has **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark or infliction of emotional distress? Yes No
 If Yes, please describe in detail the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition:

IV. MATERIAL CHANGE:

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The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and any attachments or information submitted with this Renewal Application, are true and complete. The undersigned agree that this Renewal Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Renewal Application, its attachments, and such other information submitted therewith in issuing such policy.

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Chubb Group of Insurance Companies
15 Mountain View Rd.
Warren, NJ 07059

MEDIAGUARDSM by CHUBB
Renewal Application for
Internet Liability Coverage

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Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

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Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 Renewal Application for
 Internet Liability Coverage

Date	Signature*	Title
_____	_____	Chief Executive Officer
_____	_____	Chief Financial or Chief Information Officer

*This Renewal Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Walterry Insurance Brokers

7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____

Do Not Complete-Walterry Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE RENEWAL APPLICATION CAREFULLY BEFORE SIGNING.

RENEWAL APPLICATION INSTRUCTIONS:

1. Whenever used in this Renewal Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
2. Complete only those sections that are applicable to the **Applicant**, and check the appropriate box.
3. For those **Applicants** *only* applying for Production Activities or Internet Activities coverage, please complete a separate renewal application form for each. *Do not complete this form.*
4. Attach a copy of the following:
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
 - Standard release forms;
 - Brochure or list of current book titles, programming, etc.;
 - Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.;
 - Copy of rate card for current broadcast stations; and
 - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.
5. Please return the completed Renewal Application to: **Walterry Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

I. GENERAL APPLICANT INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____

II. GENERAL POLICY INFORMATION:

POLICY INFORMATION:

1. Please indicate below for which coverages the **Applicant** seeks renewal:
 - Media Activities;
 - Covered Subpoena (for NewsMedia Organizations only)
 - Production Activities (Please complete separate Renewal Application)
 - Internet Activities (Please complete separate Renewal Application)
2. Limits of Liability desired:
 - Each Claim or Related Claim: \$ _____
 - Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ _____



3. Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
4. Retention Amount desired for each Covered Subpoena:
 \$10,000 Other: \$ _____
5. Co-insurance percentage desired for each Covered Subpoena, Claim or Related Claim:
 20% Other: _____%
6. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.
7. Describe Media Activities to be insured: _____

8. Since the submission date of the last Application to the Company, have any of the following events occurred:
- | | |
|---|--|
| a. Changes to the Applicant's principals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Changes to the Applicant's name? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Changes to the location of the Applicant's office(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Expansion of operations to additional states or countries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Formation of a new subsidiary organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Acquisition of, or merger with, any other firm or organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Purchase of the Applicant by any other firm or organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Undertaking new areas of business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Branch, location, facility, office, or subsidiary closings, consolidations or layoffs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Reorganization or arrangement with creditors under federal or state law? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes to any part of Question 8, please describe the essential terms of each such transaction as an attachment.

9. Since the submission date of the last Application to the Company have there been any changes in: (i) the nature of **Applicant's** Media Activities to be insured, as described in the response to Question 7 above, or (ii) the size of the **Applicant's** revenue base? Yes No

If Yes, please attach an explanation. Changes in size of less than 25% need not be explained.

COVERED MEDIA / OPERATIONS INFORMATION:

(Only complete applicable section(s) and add attachments, if needed.)

A. ADVERTISER LIABILITY COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

1. Since the submission date of the last Application to the Company has the **Applicant** changed, or does it contemplate during the next twelve (12) months, changing any of the following listed below:
- | | |
|---|--|
| a. Applicant's business and the types of products or services Applicant provides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Applicant's advertising agency(ies) used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, please explain: _____



2. Provide the approximate percentage of gross revenues estimated for the coming year for the following activities:

- | | | |
|--------------------|-----------------------------|--------------------------------|
| _____ % Radio | _____ % Magazines | _____ % Billboards |
| _____ % Television | _____ % Catalog/Mail orders | _____ % Newspapers |
| _____ % Internet | _____ % Flyers | _____ % Other – specify: _____ |

B. ADVERTISING AGENCY LIABILITY:

Please check: Applicable N/A If N/A proceed to next section.

1. Since the submission date of the last Application to the Company has the nature of the **Applicant's** business changed, including any areas of specialization? Yes No

If Yes, please explain: _____

2. Since the submission date of the last Application to the Company has the **Applicant's** major client list changed? Yes No

If Yes, please list all additions and subtractions to **Applicant's** major client list and provide a description of each business:

3. Provide the approximate percentage of gross revenues estimated for the coming year for the following activities:

- | | |
|---|--|
| _____ % Public relations consultant | _____ % Mail order catalog |
| _____ % Printing | _____ % Broadcasting |
| _____ % Production of films, radio or television programs | |
| _____ % Photo Service | _____ % Package/display/product design |
| _____ % Promotions/sweepstakes development | _____ % Music service |
| _____ % Web site design | _____ % Market research |
| _____ % Web hosting | _____ % Media buying |
| _____ % Publishing | _____ % Direct marketing |
| _____ % Product testing | _____ % Comparative advertising |
| _____ % Live Events | _____ % Public Relations Consulting |
| _____ % Other – specify: _____ | |

C. BOOK PUBLISHING LIABILITY COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. Since the submission date of the last Application to the Company have the types of books published changed? Yes No

If Yes, please provide approximate percentage for each of the following categories:

- | | |
|---|--------------------------------------|
| _____ % Textbooks | _____ % Poetry |
| _____ % Children's | _____ % How-to-do-it |
| _____ % Current, biography, autobiography | _____ % Technical |
| _____ % History, biography | _____ % Religious |
| _____ % Investigative reporting, exposé | _____ % Social, political commentary |



_____ % Classics
 _____ % Fiction
 _____ % Celebrity
 _____ % Other – specify: _____
 100% **TOTAL**

2. For current fiscal year, specify number of:
 Original titles: _____ Reprints: _____ Titles distributed for others: _____

D. BROADCASTER LIABILITY COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

RADIO BROADCASTING:

1. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of radio stations changed? Yes No
 If Yes, please describe: _____

TELEVISION BROADCASTING:

2. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of television stations changed? Yes No
 If Yes, please describe: _____

CABLECASTING:

3. Since the submission date of the last Application to the Company have there been any changes to the **Applicant's** cablecasting systems? Yes No
 If Yes, please describe: _____

E. MAGAZINE & PERIODICAL PUBLISHER LIABILITY COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

1. a. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of magazines & periodicals changed? Yes No
 If Yes, please describe: _____

b. Check primary circulation area:
 International National Rural Suburban Metro Regional Campus
 Controlled Circulation Other – specify: _____

F. NEWSPAPER PUBLISHING COVERAGE:

Please check: Applicable N/A *If N/A proceed to next section.*

1. a. Since the submission date of the last Application to the Company has **Applicant's** ownership or operations of print publications changed? Yes No
 If Yes, please describe: _____

b. Check primary circulation area:
 International National Regional Metro Suburban Rural Campus



Controlled Circulation Shopper Web Site Other – specify: _____

G. AUTHOR LIABILITY COVERAGE:

If applicable, please complete separate Media Liability Coverage for Authors Application.

H. DISTRIBUTOR LIABILITY COVERAGE:

If applicable, please complete separate Renewal Application.

I. MUSIC LIABILITY COVERAGE:

If applicable, please complete separate Renewal Application.

III. RISK MANAGEMENT PROCEDURES (FOR ALL APPLICANTS):

1. a. Since the submission date of the last Application to the Company has **Applicant's** in-house legal counsel changed? Yes No
 If Yes, please describe: _____
- b. Since the submission date of the last Application to the Company has **Applicant's** practice regarding the retention of outside counsel for advice regarding potential liabilities arising out of newsgathering or out of the publication, production, dissemination or broadcast of material or content, changed? Yes No
 If Yes, please describe: _____
2. a. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding review and **editing** of articles, broadcasts, or other communications prior to publication, including the names of the individuals conducting the review and their experience, as well as the procedures/guidelines for referring to outside counsel, changed? Yes No
 If Yes, please describe: _____
- b. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding **legal review** of articles, broadcasts, or other communications prior to publication, including the name of the outside counsel, years of experience, and how often outside counsel is used to conduct reviews, changed? Yes No
 If Yes, please describe: _____
3. Since the submission date of the last Application to the Company has **Applicant's** policy and practice regarding the processing of and response to requests for retraction or correction changed? Yes No

IV. MISCELLANEOUS: *Please check:* Applicable N/A *If N/A proceed to next section.*

1. Other published materials since the submission date of the **Applicant's** last Application to the Company: (i.e., charts, graphs, maps, audio-visual aids, greeting cards, brochures, etc.)

Type:	



V. FINANCIAL INFORMATION:

All Applicants Must Complete This Section. Note: Financial Information for Distributor Liability and Music Liability Should be Completed Separately Under the Renewal Applications for Distributor Liability and Music Liability.

1. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by **Applicant**, derived from the following media activities to be covered by the proposed policy:

Activity For Which Coverage Is Sought:	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. Advertiser Liability:	\$ _____	\$ _____
2. Advertising Agency Liability:	\$ _____	\$ _____
3. Book publishing:	\$ _____	\$ _____
4. Broadcasting (Radio):	\$ _____	\$ _____
5. Broadcasting (Television):	\$ _____	\$ _____
6. Cablecasting:	\$ _____	\$ _____
7. Magazine or Periodical Publishing:	\$ _____	\$ _____
8. Newspaper Publishing:	\$ _____	\$ _____
9. Miscellaneous: please describe: _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

2. Estimated total gross annual sales or revenues for the coming year for media activities to be covered by the proposed policy:

	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. United States:	\$ _____	\$ _____
2. Canada:	\$ _____	\$ _____
3. United Kingdom:	\$ _____	\$ _____
4. Australia:	\$ _____	\$ _____
5. Asia:	\$ _____	\$ _____
6. Europe:	\$ _____	\$ _____
7. Other countries – specify: _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____



VI. LOSS HISTORY:

1. Since the submission date of the last Application to the Company has **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? Yes No

If Yes, please describe in detail the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition:

VII. MATERIAL CHANGE:

If any information provided in this Renewal Application changes materially before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

VIII. DECLARATIONS, FRAUD WARNINGS AND SIGNATURE:

The **Applicant's** submission of this Renewal Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Renewal Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Renewal Application.

The undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his or her knowledge and belief, after reasonable inquiry, that the statements made in this Renewal Application and in any attachments or other documents submitted with this Renewal Application are true and complete. The undersigned agrees that this Renewal Application, such attachments and other documents, and all other signed applications submitted by the Applicant to the Company for the proposed insurance or any other insurance contract of which the proposed insurance is a direct or indirect renewal or replacement shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Company will have relied on all such materials in issuing any such policy.

The information requested in this Renewal Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).



Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Renewal Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
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 Renewal Application
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 Web site www.waltery.com • Email media@waltery.com

<u>Produced By:</u>			
Agent: _____		Agency: _____	
Agency Taxpayer ID or SS No.: _____		Agent License No.: _____	
Address: _____			
City: _____		State: _____	Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



BY COMPLETING THIS SUPPLEMENTAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE SUPPLEMENTAL APPLICATION CAREFULLY BEFORE SIGNING.

SUPPLEMENTAL APPLICATION INSTRUCTIONS:

1. Whenever used in this Supplemental Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries, unless otherwise stated.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For MediaSM* By Chubb Application if unauthorized internet access coverage is requested;
 - List of all productions now owned or in distribution by **Applicant** or attach complete catalog and sales sheet describing same;
 - Description of procedure for checking accuracy, infringements, etc.;
 - Description of procedure for processing unsolicited ideas, scripts, screenplays, etc.;
 - Standard forms of agreement utilized by **Applicant**;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
 - Experience resume(s) of principal officers, partners or individuals of **Applicant** if **Applicant** has been in operation for less than three (3) years; and
 - Any general information that would be helpful in evaluating the **Applicant**.
4. Please return the completed Supplemental Application to: **Walterry Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com
 Email media@walterry.com

I. GENERAL INFORMATION:

1. Name of **Applicant** (as stated on the Application for Media Liability Insurance, attached hereto and made a part hereof):

2. Address of **Applicant's** Principal Office: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone: _____

II. SPECIFIC INFORMATION:

1. Name and titles of principal officers, partners or individuals: _____



2. Estimated number and types of productions to be distributed annually:
- | | |
|---------------------------------------|-----------------------------------|
| _____ Features for theatrical release | _____ Mini-series & docu-dramas |
| _____ Features for television release | _____ Documentaries |
| _____ Television pilots and specials | _____ Industrial & training films |
| _____ Television series | _____ Short subjects |
| _____ Episodes of series | _____ Other – specify: _____ |
3. Describe in detail the planned distribution and exhibition of productions to be insured: _____

4. The territory in which the productions are to be distributed: _____
5. Rights acquired (theatrical, television, pay-TV, etc.): _____

6. Have all productions been previously exhibited? Yes No
 If Yes, please describe where and when each production was released: _____

PROCEDURES:

7. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness) in any production? Yes No
 If Yes, have clearances been obtained in all cases? Yes No
8. Are actual events portrayed in any production? Yes No
 If Yes, please describe fully: _____

9. Name, address & telephone number of **Applicant's** attorney who clears acquisitions, rights & contracts:
 Firm: _____ Address: _____
 Individual: _____ Telephone: _____
10. Did **Applicant's** attorney approve as adequate the steps taken for clearance procedures in connection with the acquisition of each production? Yes No
 If No, please explain: _____
11. Does **Applicant** obtain full indemnities from sellers or licensors against liability arising out of the distribution, exhibition or other use of the productions distributed? Yes No
 If No, please explain: _____
12. Does **Applicant** require seller or licensor to maintain current and continuous in-force producers' Errors & Omissions liability insurance on each production acquired for distribution? Yes No
 If No, please explain: _____
13. Does **Applicant** generally finance or otherwise participate in production of films distributed? Yes No
 If Yes, please explain: _____
14. a. Number of productions presently on hand for distribution: _____
 b. Average number of additional productions to be acquired per year: _____



15. List of professional societies and trade associations of which **Applicant** is a member or officer: _____

FINANCIAL INFORMATION:

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

TOTAL ANNUAL OPERATING SALES/REVENUES			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories): <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations: <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____

17. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, or controlled by **Applicant**, including all Distributor entities or operations to be covered by the proposed policy:

TOTAL ANNUAL OPERATING SALES/REVENUES			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories): <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations: <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____

18. Estimated assets of all of **Applicant's** operations: \$ _____

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Supplemental Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Supplemental Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Supplemental Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Supplemental Application.



The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Supplemental Application and any attachments or information submitted with this Supplemental Application, are true and complete. The undersigned agree that this Supplemental Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Supplemental Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Supplemental Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: 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.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 Supplemental Application
 for Distributor Liability Coverage

Notice to New York Applicants: 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Supplemental Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Waltery Insurance Brokers
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

<u>Produced By:</u>	
Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	



BY COMPLETING THIS RENEWAL SUPPLEMENTAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE RENEWAL SUPPLEMENTAL APPLICATION CAREFULLY BEFORE SIGNING.

RENEWAL SUPPLEMENTAL APPLICATION INSTRUCTIONS:

1. Whenever used in this Renewal Supplemental Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries, unless otherwise stated.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For MediaSM* By Chubb Application if unauthorized internet access coverage is requested;
 - List of all productions now owned or in distribution by **Applicant** or attach complete catalog and sales sheet describing same;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization, and
 - A list of all subsidiaries, showing date created or acquired, state of incorporation, percentage ownership, nature of business, and total revenues, assets, and net income for the most recent year end financials.
4. Please return the completed Renewal Supplemental Application to:

Waltery Insurance Brokers
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

I. GENERAL INFORMATION:

1. Name of **Applicant** (as stated on the Renewal Application for Media Liability Insurance, attached hereto and made a part hereof):

2. Address of **Applicant's** Principal Office: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Telephone: _____

II. SPECIFIC INFORMATION:

1. Since the submission date of the last Supplemental (or Renewal) Application to the Company has the **Applicant's** estimated number and types of productions to be distributed annually changed? Yes No
 If Yes, please describe: _____
2. Please describe the following:
 - a. The planned distribution and exhibition of productions to be insured: _____
 - b. The territory in which the productions are to be distributed: _____
 - c. The rights acquired (theatrical, television, pay-TV, etc.): _____



3. Have all productions been previously exhibited? Yes No
 If Yes, please describe where and when each production was released: _____

PROCEDURES:

4. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness) in any production? Yes No
 If Yes, have clearances been obtained in all cases? Yes No
5. Are actual events portrayed in any production? Yes No
 If Yes, please describe fully: _____
-
6. Since the submission date of the last Supplemental (or Renewal) Application to the Company has **Applicant's** attorney who clears acquisitions, rights & contracts changed? Yes No
 If Yes, please describe: _____
7. Did **Applicant's** attorney approve as adequate the steps taken for clearance procedures in connection with the acquisition of each production? Yes No
 If No, please explain: _____
8. Does **Applicant** obtain full indemnities from sellers or licensors against liability arising out of the distribution, exhibition or other use of the productions distributed? Yes No
 If No, please explain: _____
9. Does **Applicant** require seller or licensor to maintain current and continuous in-force producers' Errors & Omissions liability insurance on each production acquired for distribution? Yes No
 If No, please explain: _____
10. Does **Applicant** generally finance or otherwise participate in production of films distributed? Yes No
 If Yes, please explain: _____
11. a. Number of productions presently on hand for distribution: _____
 b. Average number of additional productions to be acquired per year: _____

FINANCIAL INFORMATION:

12. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, or controlled by **Applicant, including all Distributor entities or operations to be covered by the proposed policy:**

	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories):	\$ _____	\$ _____
Non-U.S. Operations:	\$ _____	\$ _____

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Renewal Supplemental Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.



IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Renewal Supplemental Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Renewal Supplemental Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Renewal Supplemental Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Supplemental Application and any attachments or information submitted with this Renewal Supplemental Application, are true and complete. The undersigned agree that this Renewal Supplemental Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Renewal Supplemental Application, its attachments, and such other information submitted therewith in issuing such policy.

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Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 Renewal Supplemental Application
 for Distributor Liability Coverage

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Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Renewal Supplemental Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

Walterry Insurance Brokers
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

<u>Produced By:</u>	
Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____

Do Not Complete-Walterry Use Only

Date Paid:		Policy Number:	
Amount Paid:		Annual Premium:	
Check Number:		Policy Dates:	

SERFF Tracking Number: CHUB-125680483 *State:* Arkansas
Filing Company: Federal Insurance Company *State Tracking Number:* #371392 \$50
Company Tracking Number: EO AR0041610F01
TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2019 Professional Errors & Omissions
Liability

Product Name: MediaGuard by Chubb Waltery
Project Name/Number: MediaGuard by Chubb Waltery/416

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125680483

State: Arkansas

Filing Company: Federal Insurance Company

State Tracking Number: #371392 \$50

Company Tracking Number: EO AR0041610F01

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions
Liability

Product Name: MediaGuard by Chubb Waltery

Project Name/Number: MediaGuard by Chubb Waltery/416

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

06/26/2008

Comments:

Attachments:

AR schedule forms 416.pdf

AR P&C form 416.pdf

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	EO AR0041610F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	EO AR0041610R01
-----------	---	-----------------

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Waltery - Declarations – with Waltery Logo	14-02-14078DWwL (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Waltery - New Business Application – Cyberlite for Media	14-03-0898 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Waltery - New Business Application – Internet Liability Coverage	14-03-0899 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Waltery - New Business Application – Media Liability Coverage	14-03-0900 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Waltery - New Business Application – Producers Liability Coverage	14-03-0902 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Waltery - Renewal Application – Cyberlite for Media	14-03-0905 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Waltery - Renewal Application – Internet Liability Coverage	14-03-0906 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Waltery - Renewal Application – Media Liability Coverage	14-03-0907 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Waltery - Supplemental Application – Distributor Liability Coverage	14-03-0911 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Waltery – Renewal Supplemental Application – Distributor Liability Coverage	14-03-0912 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

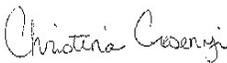
3. Group Name	Group NAIC #
Chubb Group of Insurance Companies	0038

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federal Insurance Company	IN	20281	13-1963496	

5. Company Tracking Number	EO AR0041610F01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Christina Cresenzi 82 Hopmeadow St., P.O. Box 2002 Simsbury CT 06070-7683	Support Specialist	800-464-7965	860-408-2047	ccresenzi@chubb.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Christina Cresenzi

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.2
10.	Sub-Type of Insurance (Sub-TOI)	17.2019
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Media Guard by Chubb
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: upon approval Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	June 20, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	EO AR0041610F01
------------	--	-----------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

In accordance with laws of the state of Arkansas, we are making this filing for forms to be used in conjunction with our previously filed MEDIAGUARDSM by Chubb Insurance Policy. This product was approved by your department under Filing Designation Number EO AR0040010F01, effective May 28, 2008.

SERFF Tracking # CHUB-125680483

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 00371392 Amount: 50.00</p> <p>\$50.00 flat for forms</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

<i>SERFF Tracking Number:</i>	<i>CHUB-125680483</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>#371392 \$50</i>
<i>Company Tracking Number:</i>	<i>EO AR0041610F01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>MediaGuard by Chubb Walterra</i>		
<i>Project Name/Number:</i>	<i>MediaGuard by Chubb Walterra/416</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	06/04/2008	AR P&C form 405 F.pdf AR schedule forms 416.pdf

Property & Casualty Transmittal Document

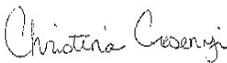
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
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8.	Please print name of authorized filer		Christina Cresenzi		

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15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
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19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

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FORM FILING SCHEDULE

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04	Waltery - New Business Application – Media Liability Coverage	14-03-0900 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Waltery - New Business Application – Producers Liability Coverage	14-03-0902 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Waltery - Renewal Application – Cyberlite for Media	14-03-0905 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Waltery - Renewal Application – Internet Liability Coverage	14-03-0906 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Waltery - Renewal Application – Media Liability Coverage	14-03-0907 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Waltery - Supplemental Application – Distributor Liability Coverage	14-03-0911 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Waltery – Renewal Supplemental Application – Distributor Liability Coverage	14-03-0912 (04/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		