

SERFF Tracking Number: CHUB-125680804 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: #371386 \$50
Company Tracking Number: EO AR0041810F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
Product Name: MediaGuard by Chubb Waltery NNA
Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Filing at a Glance

Company: Federal Insurance Company

Product Name: MediaGuard by Chubb Waltery SERFF Tr Num: CHUB-125680804 State: Arkansas

NNA

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: #371386 \$50

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Co Tr Num: EO AR0041810F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Donna Daigle, Desirae Bartlett, Debra West, Christina Cresenzi

Disposition Date: 06/26/2008

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 Waltery NNA

Status of Filing in Domicile: Pending

Project Number: 418

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 the National Newspaper Association Risk Purchasing Group to use 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 Number: CHUB-125680804 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 Waltery NNA
 Project Name/Number: MediaGuard by Chubb Waltery NNA/418

A corresponding rate filing will be filed under filing number EO AR0041710R01.

Company and Contact

Filing Contact Information

Christina Cresenzi, Industry Filer ccrenzei@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 |
|--------------|--------------|------------|
| 00371386 | \$50.00 | 06/10/2008 |

SERFF Tracking Number: CHUB-125680804

State: Arkansas

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Company Tracking Number: EO AR0041810F01

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Product Name: MediaGuard by Chubb Waltery NNA

Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Correspondence Summary

Dispositions

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

SERFF Tracking Number: CHUB-125680804

State: Arkansas

Filing Company: Federal Insurance Company

State Tracking Number: #371386 \$50

Company Tracking Number: EO AR0041810F01

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions
Liability

Product Name: MediaGuard by Chubb Waltery NNA

Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Disposition

Disposition Date: 06/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125680804 State: Arkansas
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 Company Tracking Number: EO AR0041810F01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
 Product Name: MediaGuard by Chubb Waltery NNA
 Project Name/Number: MediaGuard by Chubb Waltery NNA/418

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | MediaGuard by Chubb Waltery - New Business Application - NNA Libel Insurance | Approved | Yes |
| Form | MediaGuard by Chubb Waltery - Renewal Application - NNA Libel Insurance | Approved | Yes |

SERFF Tracking Number: CHUB-125680804 State: Arkansas
 Filing Company: Federal Insurance Company State Tracking Number: #371386 \$50
 Company Tracking Number: EO AR0041810F01
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability
 Product Name: MediaGuard by Chubb Waltery NNA
 Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|------------|--------------|-------------------------------------|----------------------|-------------|----------------|
| Approved | MediaGuard by Chubb Waltery - New Business Application - NNA Libel Insurance | 14-03-0901 | 04-2008 | Application/ New Binder/Enro llment | | 0.00 | 14-03-0901.pdf |
| Approved | MediaGuard by Chubb Waltery - Renewal Application - NNA Libel Insurance | 14-03-0908 | 04-2008 | Application/ New Binder/Enro llment | | 0.00 | 14-03-0908.pdf |



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:

- Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
- Include all requested underwriting information and attachments, including **two consecutive current editions of all publications to be insured**. Provide a complete response to all questions and attach additional pages if necessary.
- 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:

- Legal Name(s) of **Applicant** (if corporation, corporate name; if partnership, name of partners and trade name of partnership; if individual, name of owner): _____

- Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ :Fax _____ :NNA Membership Number _____
- The **Applicant** is: Individual Corporation Partnership
 Other _____
- Name and Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
 E-Mail Address: _____

II. GENERAL POLICY INFORMATION:

- Limits of Liability desired:
 Each Claim or Related Claim: \$ _____
 Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ _____
- Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
- Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.
- Please attach two consecutive current editions of all publications to be insured.**



5. Publications/Publishing Activities:

| Publication Name | Primary Distribution Area (local, state, regional, national) | Date Acquired | Circulation Frequency | Average Circulation | % of Duplication |
|------------------|--|---------------|-----------------------|---------------------|------------------|
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6. Does the **Applicant** have commercial printing operations? Yes No
 If Yes, trade name: _____
7. Does the **Applicant** provide audiotext transmissions? Yes No
 If Yes, trade name: _____
8. Does the **Applicant** have a Web Page? Yes No
 a. If Yes, provide web address: _____
 b. Does the **Applicant's** contract with freelancers contain electronic publishing rights? Yes No
 c. Do articles appear which predate electronic publishing rights contracts? Yes No

III. RISK MANAGEMENT PROCEDURES:

1. Does the **Applicant** participate in either of the following hotlines?
 a. State Press Association Hotline Membership Yes No
 b. NNA Hotline Membership Yes No
2. Does the **Applicant** utilize an experienced law firm to review sensitive articles or advise the **Applicant** on retraction demands or other issues? Yes No
3. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? _____%
4. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? _____%

IV. PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

1. Does the **Applicant** have media 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 media liability insurance declined, or had a media liability policy canceled or non-renewed by an insurer? Yes No

If Yes, please attach an explanation.

3. 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:

4. 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

5. 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 5.b. above: _____

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 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 questions 3, 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 SIGNATURE:

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.



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

MEDIAGUARDSM by CHUBB
NNA Libel Insurance
New Business 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.

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
NNA Libel Insurance
 New Business Application

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> |

*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative 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: | |



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

MEDIAGUARDSM by CHUBB
 NNA Libel Insurance
 Renewal Application

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:

- Whenever used in this Renewal Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
- Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
- Please return 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. CURRENT APPLICANT INFORMATION:

Expiration Date: _____ Expiring Policy #: _____ Account #: _____
 Name & Address: _____
 Telephone #: _____ Fax Number: _____

| <u>Covered Publications</u> | <u>Circulation</u> | <u>Frequency</u> |
|-----------------------------|--------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Policy Liability Limit: _____ Retention Amount: _____

Do Not Complete-Waltery Use Only

| | | | |
|---------------------|--|------------------------------|--|
| Date Paid | | Renewal Policy Number | |
| Amount Paid | | Renewal Premium | |
| Check Number | | Renewal Dates | |

Please Complete Below



II. GENERAL POLICY INFORMATION:

1. Has any actual or threatened claim or suit been made against the **Applicant**, or the **Applicant's** publications, which has not been reported to the Company? Yes No

If Yes, explain: _____

2. How long has the **Applicant** been in the newspaper publishing industry? _____

3. Does the **Applicant** utilize an experienced law firm to review sensitive articles prior to publication or advise the **Applicant** on retraction demands or other issues? Yes No

4. Does the **Applicant** have commercial printing operations? Yes No

If Yes, trade name: _____

5. Does the **Applicant** provide audiotext transmissions? Yes No

If Yes, trade name: _____

6. Does the **Applicant** have a Web Page? Yes No

a. If Yes, web page address: _____

b. Does the **Applicant's** contract with freelancers contain electronic publishing rights? Yes No

c. Do articles appear which predate electronic publishing rights contracts? Yes No

7. Has the name of the **Applicant** changed or has any other firm or organization combined with or been merged into the **Applicant** since the submission date of the last Application submitted to the Company? Yes No

8. Is there any pending change in the name of the **Applicant** or pending or contemplated merger? Yes No

If Yes, please give full particulars, including a list of all predecessor firms for which the **Applicant** wants coverage (attach a separate addendum if necessary).

9. Since the submission date of the last Application submitted to the Company, have there been any changes to the **Applicant's** organization, management structure or risk management procedures? Yes No

If Yes, please provide full particulars in a separate addendum.

10. _____ **Renew policy with no changes (Skip to signature line)**

_____ **Renew policy with the following changes (Indicate changes below)**

a. Change name, address to: _____

b. Change contact numbers to: phone: _____ fax: _____

c. Change e-mail address to: _____

d. Change policy limit to: \$ _____

e. Change policy retention to: \$ _____

f. Changes to publications/publishing activities:

| Add/Delete/Correct | Change Date | Publication Name | Circulation | Frequency |
|--------------------|-------------|------------------|-------------|-----------|
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III. 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.

IV. 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 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.

The information provided 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.

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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.

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State: Arkansas

Filing Company: Federal Insurance Company

State Tracking Number: #371386 \$50

Company Tracking Number: EO AR0041810F01

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions
Liability

Product Name: MediaGuard by Chubb Waltery NNA

Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Rate Information

Rate data does NOT apply to filing.

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TOI: 17.2 Other Liability - Occurrence Only

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Liability

Product Name: MediaGuard by Chubb Waltery NNA

Project Name/Number: MediaGuard by Chubb Waltery NNA/418

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

06/26/2008

Comments:

Attachments:

AR P&C form 418F.pdf

AR schedule forms 418.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 | |
| New Business | | | | | |
| Renewal Business | | | | | |

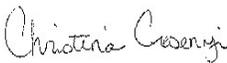
| | |
|------------------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Chubb Group of Insurance Companies | 0038 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|---------------------------|----------|--------|------------|---------|
| Federal Insurance Company | IN | 20281 | 13-1963496 | |
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|-----------------------------------|-----------------|
| 5. Company Tracking Number | EO AR0041810F01 |
|-----------------------------------|-----------------|

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

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| 20. | This filing transmittal is part of Company Tracking # | EO AR0041810F01 |
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| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
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In accordance with laws of the state of Arkansas, we are making this filing for the National Newspaper Association Risk Purchasing Group to use 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-125680804

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| 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 #: 00371385 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.)

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 AR0041810F01 |
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|--|-----------------|
| 2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | EO AR0041810R01 |
|--|-----------------|

| 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 | Walterry - New Business Application – NNA Libel Insurance | 14-03-0901 (04/2008) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | Walterry - Renewal Application – NNA Libel Insurance | 14-03-0908 (04/2008) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <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 | | |
| 16 | | | <input checked="" type="checkbox"/> New | | |