

## Advertising Agency Insurance Application

All Questions Must Be Answered Completely.  
 Attach Additional Sheet If Necessary.  
 All Attachments Must Be Included With This Application.

**NOTE: Unless the policy form provides coverage for Defense Costs In Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.**

**1. Applicant Information** (This entity will be identified as the **Named Insured.**)

Name of **Applicant** \_\_\_\_\_

Identify all entities to be insured by the policy, including trade names, and advise of relationship to

**Applicant** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Year Established \_\_\_\_\_ Web Address \_\_\_\_\_

corporation     partnership     individual     other \_\_\_\_\_

**Applicant's** area of specialization \_\_\_\_\_

**2. Coverage Information**

Limits of Liability \$ \_\_\_\_\_ Retention per claim \$ \_\_\_\_\_

**3. Advertising Services** — Please apply a percentage to all that apply:

Public Relations _____ %	Literary Agent _____ %
Package Design _____ %	Trademark Design _____ %
Product Design _____ %	Advertising Placement _____ %
Product Display _____ %	Video and Film Production _____ %
Product Testing _____ %	Music Composition _____ %
Printing _____ %	Contest/Sweepstakes Design _____ %
Photography _____ %	Merchandising _____ %
Market Research _____ %	Web Site Design _____ %
Other _____ %	Please Describe _____

**4. Advertising Medium** — Percentage of work in the following areas:

Internet	_____ %	Promotions	_____ %
Catalog/Mail Order	_____ %	Outdoor	_____ %
Telephone	_____ %	Coupons	_____ %
Sweepstakes	_____ %	Infomercial	_____ %
Brochures	_____ %	Radio	_____ %
Television	_____ %	Merchandise	_____ %
Newspaper	_____ %		
Other	_____ %	Please Describe	_____

**5. Advertised Products** — Please assign a percentage to the following, if applicable:

Tobacco	_____ %	Firearms	_____ %
Alcohol	_____ %	Pharmaceuticals	_____ %

**6. Annual Revenues**

Annual Gross Revenues (or billings): \$ \_\_\_\_\_

United States \$ \_\_\_\_\_ Canada \$ \_\_\_\_\_ International \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Identify international advertising activities, by country, outside the United States and Canada. \_\_\_\_\_

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**7. Advertising Procedures, Operations and Loss Prevention**

**A. Media Counsel**

Is in-house or local counsel consulted regarding complaints, clearance procedures, hold-harmless agreements, disclaimers and licensing issues?  Yes  No

Is local counsel on retainer?  Yes  No

Does counsel review advertising?  Yes  No

Name of in-house counsel \_\_\_\_\_ Telephone \_\_\_\_\_

Name of law firm \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Law firm contact \_\_\_\_\_

**B. Operations and Loss Prevention**

Does **Applicant** develop, design and place advertising?  Yes  No

Does applicant develop any trademark?  Yes  No

If yes, approximately how many trademarks are developed annually? \_\_\_\_\_

Are trademark searches performed?  Yes  No

Do employees execute creative releases?  Yes  No

Does the client review and "sign-off" on advertising?  Yes  No

Are hold harmless or limitation of liability clauses utilized?  Yes  No

Please identify major clients \_\_\_\_\_

Does the **Applicant** preserve a paper-trail in respect to marketing ideas and advertising campaigns?  Yes  No

Do independent contractors provide matter or services for advertising, i.e. graphics, talent, product testing, web design or music composition?  Yes  No

If "yes," are hold harmless or limitation of liability clauses utilized?  Yes  No

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights?  Yes  No

Do models and nonprofessional models execute releases?  Yes  No

Please identify memberships in advertising associations or trade groups \_\_\_\_\_

**8. Insurance History and Claim Information**

Does the **Applicant** know of any situation that could give rise to a claim?  Yes  No

If "yes," please attach complete details and advise whether the claim has been reported.

Provide details regarding any open claims or litigation resulting from media activities occurring more than 5 years ago. \_\_\_\_\_

Has the **Applicant** or any subsidiary been involved in a lawsuit or claim in the past five years arising from advertising activities?  Yes  No

If "yes," please attach claim information including the amount of defense costs, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Has the **Applicant** ever been fined or reprimanded by the Federal Trade Commission, Canadian Radio — Television and Telecommunications Commission or other administrative agency in connection to advertising?  Yes  No

If "yes," please advise \_\_\_\_\_

**(In the State of Missouri, the following question does not apply).**

Has advertising liability coverage ever been cancelled or nonrenewed?  Yes  No

If "yes," please advise \_\_\_\_\_

Has the **Applicant** had advertising liability coverage in the past three years?  Yes  No

If "yes," please identify the following or attach a copy of the policy declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Dates</u>	<u>Premium</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Does the **Applicant** currently have general liability coverage?  Yes  No

Completed Products and Operations Coverage  Yes  No

Personal Injury Coverage  Yes  No

9. **Attachments** — Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Specimen copy of standard contracts utilized with clients and independent contractors;
- ✓ Marketing brochures or detailed description of **Applicant's** services; and
- ✓ If in business for less than three years, please include resumes of principals.

**Fraud Warning**

**Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.**

**PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.**

The statements made in this Application for insurance and in any attachments are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Title \_\_\_\_\_  
(Director, Partner or Principal)

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this is your Agency's First Submission to First Media;

Name \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Agency \_\_\_\_\_ Agency Tax Payer I.D. \_\_\_\_\_

Address \_\_\_\_\_ City and State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_