

Before you begin, You should KNOW

- Many of the bolded words in this application have specific meanings:
“**You**,” “**your**” and “**yourself**” mean the persons and entities for which insurance is being sought and their employees, officers, partners and directors. Subsidiaries are also included if the entities have more than a 50% ownership interest.
“**We**,” “**us**” and “**our**” mean the insurance company.
“**Service(s)**” means activities **you** perform for others and products **you** develop for others.
“**Content**” means data, digital code, images, masked works, scents, sounds, tastes, text or textures.
- In completing this application, **you** are not obligated to buy, and **we** are not obligated to sell, insurance.
- Incorrect, incomplete, false or misleading answers to any of the questions on this application may result in a retracted offer of coverage or a declaration that the policy is null and void. Attach additional sheets if there is not enough room in the application for an answer. If a question does not apply to **you**, respond “N/A” or “not applicable.” If **you** do not answer a question, **your** answer will be deemed “not applicable.”
- Any proposal of coverage that **we** make will have additional terms and conditions. Carefully review the proposal before making a decision to purchase. As always, please contact **your** agent or broker if **you** have any questions.

CLAIM EXPENSE IS WITHIN THE LIMITS. Refer to the policy for actual coverage details. Here's an overview: Covered claim expenses and damages must be paid by **you** up to the self-insured retention amount; these payments do not reduce the limits of liability. Covered claim expenses and damages above the retention amount are payable under the policy; they reduce and may exhaust the limits of liability.

BASICS

1. Applicant (fill in the name as it should appear on the policy, if written)

2. Street address _____
city, state, zip _____
Mailing address _____
city, state, zip _____
3. Type of entity Public Private Not-for-profit
4. Entity structure Sole proprietorship Corporation LLC Joint Venture Other _____
5. In business since (m/d/yyyy) _____
6. Have **you** purchased, merged or consolidated with any companies in the last three years?
Yes No. If yes, did purchase include (check all that apply) Assets Liabilities
7. Do **you** have any subsidiaries? Yes No. If yes, please provide the names of all subsidiaries (attach a separate list, if necessary) _____
8. **Your** staff
_____ # of principals, partners, directors and officers
_____ # of sales and marketing personnel
_____ # of clerical/support personnel
_____ # of independent contractors performing **services** on **your** behalf
_____ # of website staff
_____ # other
_____ # TOTAL

9. Please list **your** website home page addresses (include all URLs registered in **your** name). If any of these website(s) have a password protected members only/private area, also provide temporary passwords and log in ID.
 Address _____ Password/Log in ID _____
 Address _____ Password/Log in ID _____
 Address _____ Password/Log in ID _____
10. Does **your** website(s) contain a complete, accurate and up-to-date description of **your services**? Yes No
11. Please list all association memberships related to **your services** _____
12. Please check one of the following, which best describes **you** Advertising Agency Book Publisher
Broadcaster Cablecaster Magazine Publisher Newspaper Publisher Program/Film Producer
Other _____
13. SIC code(s) _____ NAIC code(s) _____

VITALS

Fiscal Year	Total Revenues Generated by all of Your Services		
	TOTAL	U.S.	FOREIGN
Next _____	TOTAL \$ _____	U.S. \$ _____	FOREIGN \$ _____
Current _____	TOTAL \$ _____	U.S. \$ _____	FOREIGN \$ _____

1. Do **you** do business outside the U.S.? Yes No. If yes, a) list all foreign countries in which **you** do business _____ and b) are **you** compliant with distance selling regulations and laws in foreign jurisdictions? Yes No
2. Are any of **your services** performed in any language other than English? Yes No. If yes, please advise:
 Languages _____
Services _____
 % of Total Revenue _____%
3. For revenues that **you** will generate in **your** current fiscal year, what percentage of **your services** are in the following Years in Market?
 _____% Zero to One
 _____% Over One year but less than Two
 _____% Over Two years but less than Five
 _____% Five years or longer

4. Are **you** developing any new **services**? Yes No. If yes, please fill in the following chart:

Service	Projected Release Date	*Projected Annual Revenues	Anticipated Life of Service
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

*If the **service** is to be released in the current or next fiscal year, did **you** include revenues in the VITALS chart? Yes No

YOUR CONTENT SERVICES

In the chart below, for each **service you** perform, please advise:

- % of current total revenues applicable to that **service**; column sum must total 100%.
- % of projected next year total revenues applicable to that **service**; column sum must total 100%.
- the average agreement (i.e. contract) value/charge for the **service**, if direct relationship with customer or client. If not, check the "N/A" box for "not applicable."
- % of each **service** performed for the targeted audience/market Use the table below as a reference for the target audience/market codes.

Key for Target Audience/Market Codes

BIZ Commerce & Industry (e.g. construction, financial, retail, trades, etc.)
 CON Consumers—**specify target audience/market** _____
 GP General Public
 INST Institutional (e.g. colleges/universities, government organizations, etc.)
 PRO Professional (e.g. medical, legal, accounting, architectural, engineering, etc.)
 REL Religion
 SCI Scientific & Technical—**specify target audience/market** _____
 OTHER Fill in

CONTENT SERVICES Describe services: titles, frequency, source, scope, nature, etc.	% of Total Current Revenues	% of Next Year's Total Projected Revenues	Average Agreement/Basis of Service	% of Service Performed for Target Audience/Market
Advertising Agency _____	_____%	_____%	<input type="checkbox"/> N/A \$ _____	___%BIZ ___%PRO ___%CON ___%REL ___%GP ___%SCI ___%INST ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Book Publisher _____	_____%	_____%	<input type="checkbox"/> N/A \$ _____	___%BIZ ___%PRO ___%CON ___%REL ___%GP ___%SCI ___%INST ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Broadcaster (provide call letters) _____	_____%	_____%	<input type="checkbox"/> N/A \$ _____	___%BIZ ___%PRO ___%CON ___%REL ___%GP ___%SCI ___%INST ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Cablecaster _____	_____%	_____%	<input type="checkbox"/> N/A \$ _____	___%BIZ ___%PRO ___%CON ___%REL ___%GP ___%SCI ___%INST ___%OTHER _____ ___%OTHER _____ <div style="text-align: right;">100% TOTAL</div>

CONTENT SERVICES Describe services: titles, frequency, source, scope, nature, etc.	% of Total Current Revenues	% of Next Year's Total Projected Revenues	Average Agreement/Basis of Service	% of Service Performed for Target Audience/Market
Magazine Publisher _____	____%	____%	<input type="checkbox"/> N/A \$ _____	____%BIZ ____%PRO ____%CON ____%REL ____%GP ____%SCI ____%INST ____%OTHER _____ ____%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Newspaper Publisher _____	____%	____%	<input type="checkbox"/> N/A \$ _____	____%BIZ ____%PRO ____%CON ____%REL ____%GP ____%SCI ____%INST ____%OTHER _____ ____%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Program/Film Producer _____	____%	____%	<input type="checkbox"/> N/A \$ _____	____%BIZ ____%PRO ____%CON ____%REL ____%GP ____%SCI ____%INST ____%OTHER _____ ____%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Public Relations Provider _____	____%	____%	<input type="checkbox"/> N/A \$ _____	____%BIZ ____%PRO ____%CON ____%REL ____%GP ____%SCI ____%INST ____%OTHER _____ ____%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
Other _____	____%	____%	<input type="checkbox"/> N/A \$ _____	____%BIZ ____%PRO ____%CON ____%REL ____%GP ____%SCI ____%INST ____%OTHER _____ ____%OTHER _____ <div style="text-align: right;">100% TOTAL</div>
TOTAL	100%	100%		

YOUR WEBSITE(S) AND ONLINE ACTIVITIES

- Describe **your** website(s) (check all that apply)
 - Presence: just info about what **you** do
 - Content Aggregation: **content** from different sources
 - Interactive: visitors can interact with site
 - E-commerce: buying/selling of goods or **services**

2. If **your** website allows e-commerce, do **you** require customers to read and accept **your** agreement before enacting a transaction? Yes No
3. Are any of **your services** performed online (Internet, WWW, direct network, etc.)? Yes No. If yes, please advise: **Services** _____
% of Total Revenue _____%
4. Do **you** plan to update **your** website(s) in the next year? Yes No. If yes, does this update include
New **service** info
Content from others
User interactivity (describe) _____
e-Commerce capabilities (describe) _____
User account access (describe) _____
Other (describe) _____
5. Do **you** have a privacy policy? Yes No. If yes, a) has it been reviewed by an attorney? Yes No and b) is the privacy policy posted on **your** website? Yes No
6. Which of the following does **your** privacy policy contain? (check all that apply)
Explanation of type of info collected
Description of how info is collected
Disclosure of use of info collected
Access to and the ability for user to change or update info
Description of safeguards and security measures used to protect info
7. Do **you** collect personal and/or confidential information on users of **your** website(s)? Yes No. If yes, provide responses to questions a.- e. below. If no, proceed to question 8.
- a. Do **you** provide opt-in or opt-out options in the following areas? (check all that apply)
Receipt by users of **content** from **you** or others Opt-in Opt-out
Collection of user information Opt-in Opt-out
Sharing of user info Opt-in Opt-out
- b. Do **you** require users to actively agree to or acknowledge **your** privacy policy before they provide information?
Yes No
- c. Is the point of information collection secure? Yes No
- d. Is personally identifiable and/or confidential information a) transmitted in encrypted form? Yes No and b) stored in encrypted form? Yes No
- e. Do **you** sell or share personal and/or confidential information gathered from customers or others (this includes info gathered from **your** website or by other means)? Yes No. If yes, do **you** notify and obtain the consent of these customers or others prior to dissemination? Yes No
8. Does **your** website contain a chatroom, bulletin board or any other type of interactive exchange which can be viewed by others? Yes No. If yes, does **your** website have disclaimers and guidelines regarding the use of and **content** disseminated on the interactive exchange? Yes No. Are users required to acknowledge disclaimers and guidelines prior to participation? Yes No. Who manages **your** interactive exchange? **You** Subcontractor. Do **you** make the subcontractor contractually responsible for liabilities arising out of the interactive exchange? Yes No. Do **you** or **your** subcontractor exercise editorial control over **your** interactive exchange? Yes No. If yes, when? Prior to Posting After Posting

CONTENT

1. Do any of **your content services** involve the following subject matter? (check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Investigative reporting/exposé | <input type="checkbox"/> Living biography | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Political/social commentary | <input type="checkbox"/> Instructional/how-to | <input type="checkbox"/> Public figures |
| <input type="checkbox"/> Adult (sexually explicit) content | <input type="checkbox"/> Children's interest | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Financial products & services | <input type="checkbox"/> Technical/scientific info | |
| <input type="checkbox"/> Controlled or regulated products & services (alcohol, firearms, pharmaceuticals, tobacco, etc.) | | |

2. What is the primary geographic distribution of **your content services**? Local/Metro State Regional National Multinational Global Limited Specific (describe, i.e. campus, rural area, etc.) _____
3. Do **you** use any of the following methods for acquisition or gathering of information used in **your content services**? (check all that apply) Taped or recorded conversation without interviewee's knowledge Wireless scanning devices Hidden/disguised cameras Undercover investigation "Ride-alongs" Electronic surveillance Anonymous sources Content recorded by others (video and/or audio).
Do **you** have guidelines as respects the use of the methods described above? Yes No
4. What % of **content** in **your services** is created by **you**? ____%. What % of **content** in **your services** is created by others? ____%
5. For **content** created by others, do **you** require those parties to a) indemnify **you** for the **content** they provide? Yes No and/or b) provide evidence of appropriate insurance applicable to their **content**? Yes No
6. Provide a detailed description of **your** standard procedures for checking the accuracy and originality of **content you** create and **content** created by others. _____
7. Which of the following are included in **your** intellectual property and/or business methods clearance procedures? (check all that apply)
The contractual acquisition of all the necessary rights, licenses, releases and consents applicable to **content** or **services** created or provided by **you** or by third parties
Legal review of the items checked below performed prior to release, use or dissemination regardless of the medium **content** medium/technology used **services** business methods websites advertising and marketing material applicable laws in jurisdictions outside of the U.S. information gathering techniques
New hire and independent contractor agreements which include signed statements to the effect that they will not disseminate or use a previous employer's or client's trade secrets and other intellectual property
Legal review of all updates or changes to the **content**, business methods and functionality of **your services** prior to dissemination or implementation
Permission of sites **you** link to or frame
Legal review of sites **you** link to or frame
Disclaimers on **your** website pertaining to **content** made available or disseminated
Title, Trademark and/or servicemark searches and clearances for all **your** domain names **service** names, designs or logos
content searches and clearances performed by **your** in-house legal counsel **your** outside legal counsel professional search company computerized database search
Permission to use and legal review of the trademarks and/or servicemarks of others
8. Do **you** have an established policy and process in place to address complaints of inaccurate, defamatory, infringing or problematic **content you** have designed or have responsibility for? Yes No. If yes, what is **your** response timeframe? less than one day, 1-7 Days or more than a week
9. Do **you** have an established employee education program regarding issues relating to intellectual property, defamation, privacy and information gathering? Yes No. If yes, please provide a description of the program.

10. In **your** advertising and marketing material, including all of **your** websites, do **you** a) compare **yourself** to **your** competition? Yes No, b) compare **your services** to **your** competitors' **services**? Yes No, c) claim that **you** or **your services** are superior to **your** competition? Yes No, and/or d) make guarantees or warranties? Yes No

ERRORS & OMISSIONS

1. Do any of **your content services** include? (check all that apply)

<input type="checkbox"/> Live programming	<input type="checkbox"/> Music distribution
<input type="checkbox"/> Display, packaging or product design	<input type="checkbox"/> Printing/binding for others
<input type="checkbox"/> Content archive/search/retrieval	<input type="checkbox"/> Market research/product testing
<input type="checkbox"/> Promotions/incentive programs	<input type="checkbox"/> Games/sweepstakes
<input type="checkbox"/> Public relations consulting	<input type="checkbox"/> Photo services
<input type="checkbox"/> Merchandising related to program/film production	

 Please provide a detailed description of all checked activities (attach additional sheets as necessary)

2. Do **you** have a quality control/assurance plan? Yes No. Is it written/formalized? Yes No. Does it include: (check all that apply) quality evaluation and monitoring industry standard compliance complaint/problem resolution customer acceptance other (describe) _____

3. Which of the following controls do **you** have in place to ensure quality work from subcontractors, freelancers or other non-employees? (check all that apply) background checks verification of qualifications standardized submission criteria content release forms source verification other (describe) _____

4. Do **you** receive unsolicited **content** from outside sources? Yes No. If yes, describe **your** policies and procedures regarding such material. _____

5. Do **you** warrant or guarantee any standards of performance for **your services** (e.g. delivery and/or completion timeframes, availability, durability, quality, volume of transactions)? Yes No. If yes, specify which standards

6. Do **your** risk management procedures include the following? (check all that apply)
 - Business documents (customer orders, agreements, etc.) retained for _____ months _____ years unlimited
 - Complaint resolution plan
 - Customer notification plan of **your** discontinuance of a **service** or support
 - Customer or public communication/support including
 - E-mail Website Customer site visitation Fax Toll-free numbers
 - Availability: M-F 24/7
 - Written policies and procedures for disseminating retractions or corrections

7. Do **you** use standard agreements? Yes No. If yes, with whom? (check all that apply) Customers/clients content providers (non-employee) Distributors/vendors Other (describe) _____

8. Are all agreements reviewed and approved by legal prior to execution? Yes No

9. Are all changes and/or modifications to agreements reviewed and approved by legal prior to execution? Yes No

10. In the chart below, check each of the following clauses that are built into **your** standard customer agreement and who the clause benefits

Clause	Standard Customer Agreement Clause benefits			
	You	Customer	Mutually Beneficial	N/A
Arbitration Clause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Law or Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Force Majeure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clause	Standard Customer Agreement Clause benefits			
	You	Customer	Mutually Beneficial	N/A
Guarantees/Warranties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Liabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitation of Consequential Damages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold Harmless/Indemnification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule of Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclaimers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT INSURANCE

Do **you** carry Media/Errors & Omissions/Professional Liability? Yes No.

If no, explain _____. If yes, please provide the following information Limit \$_____ SIR/Deductible \$_____

Premium \$_____ Expiration Date _____ Type of Form: Claims Made or Occurrence

Retroactive Date _____

Insurance Company _____

Do **you** carry General Liability? Yes No.

If no, explain _____. If yes, does **your** coverage include? (check all that apply) Personal Injury Advertising

Injury Products Liability. If yes, please also provide the following information Limit \$_____ SIR/Deductible \$_____

Premium \$_____ Expiration Date _____ Type of Form: Claims Made or Occurrence Retroactive Date _____

Insurance Company _____

What is **your** desired Limit of Liability? (check all options that interest **you**) \$500,000 \$1,000,000 \$2,000,000

\$5,000,000 Other \$_____ What is **your** desired Retention? (check all options that interest **you**) \$2,500

\$5,000 \$10,000 Other \$_____

DO NOT ANSWER THE FOLLOWING QUESTION IF **YOU** ARE DOMICILED IN MISSOURI

1. Has **your** errors and omissions/professional liability coverage ever been declined, canceled or non-renewed?

Yes No. If yes, please describe why _____

TELL ALL

If you respond yes to questions 1–3 below, you must provide us with the following info

- a full description of the circumstances and details including any damages alleged;
- purchase or agreement (i.e. contract) price involved;
- the current status of the situation including what you have done and what you are now doing to address the situation; and
- what you are doing to prevent further incidents or situations.

1. In the last three years, have anyone a) formally alleged or complained in writing about the performance or non-performance of **your services**? Yes No, b) refused to pay **you** or stopped paying **you** because of a problem with **your service**? Yes No, c) requested a refund of their payment because of a problem with **your service**? Yes No and/or d) complained in writing that **your services** were delayed or late? Yes No

2. Are **you** aware of any actual or alleged fact, circumstance, situation, error or omission, or issues with **your** website, **content** or **services** (including but not limited to defamation, intellectual property and privacy issues) which may reasonably be expected to result in a claim being made against any of **you**? Yes No
3. Have any of **you** or any of **your** predecessors in business, affiliates or any of their past or present partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency arising out of their activities? Yes No

If you respond yes to question 4 below, you must provide us with the following information about each and every claim, suit or proceeding

- a full description including damages alleged;
 - current status;
 - loss runs, if applicable; and
 - amounts of reserves, legal expenses paid to date, settlements or judgments.
4. Have any claims, suits or proceedings been brought during the past three years against any of **you** or any of **your** predecessors in business, affiliates or against any of **your** or their past or present partners, owners, officers or employees? Yes No

REPRESENTATIONS

This application must be signed by an authorized partner, officer or other principal of the primary entity seeking coverage or by the proprietor of a proprietorship. By signing this application, you represent and agree to items 1 through 7 below:

1. You are acting on behalf of all persons and entities for which you are seeking insurance;
2. The statements and answers in the application and all attachments to it are accurate and complete. Additional information provided in response to subsequent questions and requests will also be accurate and complete;
3. Statements and information that you provide that are attached to or that supplement this application are deemed to be incorporated into the application, and the application will be deemed to be incorporated into and a part of any policy that is issued;
4. The statements, answers and additional information are representations by you; they are a material inducement to us to provide insurance or a proposal for insurance; and you intend for us to rely upon them;
5. Any policy that we issue will be issued in reliance upon those representations;
6. You will report to us immediately, in writing, all changes in your business or circumstances that would result in a different statement or answer or different information than the ones you have previously provided to us when the change becomes known to you between the date of this application and the effective date of the policy, if a policy is issued. We reserve the right to modify or withdraw any proposal for insurance that we offer when we receive information about such changes;
7. If the application, including attachments and supplements, contains inaccurate, false or incomplete information or if you fail to provide notice of changes as required, we may declare any policy that has been bound or issued to be null and void, and we will not provide any coverage.

WARNING: 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES. IN SOME STATES, INSURANCE BENEFITS MAY ALSO BE DENIED.

Signature of AUTHORIZED SIGNATORY

Date

Title