
Legal Terms and Conditions

Media/Professional Insurance is an underwriting and claims manager licensed to accept submissions from any licensed insurance agent or broker. Media/Professional Insurance does not solicit applications or sell insurance through the Internet.

Applications and all related information are provided for information only. Coverage may vary according to state law requirements and may not be available in some states.

If you are a licensed insurance agent or broker, please send your submissions to our Underwriting Department at:

Domestic Office

Two Pershing Square, Suite 800
2300 Main Street
Kansas City, Missouri 64108
Facsimile: +1 (816) 471-6119
Telephone: +1 (816) 471-6118
<http://www.mediaprof.com>

International Office

New London House
6 London Street
London, EC3R 7QL
Facsimile: +44 (171) 722-4700
Telephone: +44 (171) 680-1177
<http://www.mediaprof.com>

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MULTIMEDIA LIABILITY COVERAGE

Renewal Application

NOTE TO INSURED: The purpose of this form is to provide the company with current underwriting and rating information and does not confirm the company's intent to renew. On receipt of this renewal application, we will either provide your agent or broker with renewal proposals or advise of our intent to non-renew the coverage. We request prompt completion and return of this renewal application in order to provide you with a timely decision.

Named Insured:

Expiring Policy No. _____ Expiration Date: _____

1. Show any changes in name or address since inception or last renewal date of policy. (If none, indicate "none".)

2. List any mergers, acquisitions or dispositions since inception or last renewal date of policy and amount of increase or decrease in revenue resulting from each transaction. (If none, indicate "none".)

3. Describe any new media activities or changes in media activities projected for coming year. (If none, indicate "none".)

4. Describe any changes in your original application for the Media Liability Plus Policy not specifically addressed above. (If none, indicate "none".)

Please Complete Reverse Side

5. Complete the following:

A. Estimated gross annual revenue derived from each of the following for the current fiscal period. (Please provide annual budget if non-profit.)

Book Publishing \$ _____
Newspaper Publishing \$ _____
Magazine Publishing \$ _____
Broadcasting & Telecasting \$ _____
Cablecasting \$ _____
Program & Film Production \$ _____
Miscellaneous (Please describe) \$ _____

B. Total annual revenue (or budget) for media activities:

United States & Canada \$ _____ Australia \$ _____
Canada \$ _____ Other Countries (Specify) \$ _____
United Kingdom \$ _____ Total \$ _____

6. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof which has not been reported to the company and which alleges libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, or slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

Yes No

If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, final disposition of the claim, and copy of suit papers.

7. Attach current financial statement or annual report and other booklet or brochure which provides comprehensive description of operations.

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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____



Media/Professional Insurance

A division of Media/Professional Insurance Agency, Inc.
2300 Main Street, Suite 800
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile - (816) 471-6119

We Insure Free Speech®

Agent or Broker:

Address, Zip Code:

Telephone: