

LEXINGTON INSURANCE COMPANY
Administrative Offices
200 State Street
Boston, Massachusetts 02109

Submitted by: _____ Agency: _____
Surplus Lines License No.: _____ Address: _____
City/State: _____ Zip: _____

APPLICATION FOR MEDIA WRAP-UP POLICY

General Instructions:

1. Application must be signed and dated, and not completed earlier than 60 days before proposed effective date.
2. Answer all questions. If a question is not applicable, state **NOT APPLICABLE**. If the answer to the question is none, state **NONE**. If space is insufficient to answer a question fully, attach a separate sheet.
3. All questions **MUST** be completed in full with regard to each entity sought to be insured.
4. The information disclosed in this application will be held in confidence by the Insurer.

To complete your Application, please submit:

- Brochure or list of current book titles, films, programming, etc.
- Latest annual report and 10K
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- Copies of current periodicals, publications, brochures, newspapers, etc.
- Experience resumes if in business less than five years
- Describe procedures for processing unsolicited ideas, books, screenplays, articles, photographs, etc.

(PLEASE TYPE OR PRINT IN INK)

1. Name of Proposed Insured	(Specify the complete name to be stated on your policy if issued)
2. Street Address, City, State, Zip Code	3. Telephone ()

4. ___ Corporation ___ Partnership ___ Other If other, please explain:

5. Date Founded _____

6. Estimated Assets _____

7. List all media subsidiaries, affiliates and trade names (attach supplemental if space is not adequate):

8. Media activities (attach supplement if space is insufficient):

9. Does the entity(ies) proposed for this insurance publish materials which would not be considered to be of "public concern"? If yes, provide details:

10. Please describe the guidelines established to keep editors apprised of federal and state laws affecting media published by the entity(ies) proposed for this insurance.

11. Please describe guidelines established for the acceptance/rejection of advertisements.

12. Are ads reviewed by legal counsel? Yes ____ No ____

13. Are releases obtained from private-figure subjects in connection with photographs to be published?
Yes ____ No ____

14. Please describe the policy with respect to the printing of retractions or corrections.

15. Please describe guidelines for obtaining consent to reprint previously copyrighted materials.

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16. Book Publishing

- | | | |
|---|--|--|
| <input type="checkbox"/> Textbooks | <input type="checkbox"/> Managed Textbooks | <input type="checkbox"/> Children's |
| <input type="checkbox"/> How-to-do-it | <input type="checkbox"/> Technical | <input type="checkbox"/> History, biography |
| <input type="checkbox"/> Current biography, autobiography | <input type="checkbox"/> Religious | <input type="checkbox"/> Investigative reporting exposes |
| <input type="checkbox"/> Social, political commentary | <input type="checkbox"/> Classics | <input type="checkbox"/> Celebrity |
| <input type="checkbox"/> Fiction | <input type="checkbox"/> Poetry | <input type="checkbox"/> Other (describe) |

17. Newspaper Publishing

Name	Location	Average Circulation	Frequency of Circulation
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- National Rural Suburban Regional Campus
 Other _____

18. Magazine Publishing

Name	Location	Average Circulation	Frequency of Circulation
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- Regional National Controlled circulation International Metro

19. Broadcasting and Telecasting

Call Letters	AM/FM/TV	Location	Simulcast	Air Date	Highest 60 Second Spot Rate (Radio)	Highest Hourly Spot Rate (TV)

20. Cablecasting

Name of System

Location

Number of Subscribers

A. Market Classification _____

B. Does system originate any programming? ____ Yes ____ No

C. If yes, please provide the following information:

Type:

Number of hours per week:

Gross receipts derived from syndication

21. Program & Film Production

A. Describe type of productions:

B. Describe any distribution or licensing activities:

22. Miscellaneous

Other published material (i.e., charts, graphs, maps, audio-visual aids, greeting card, poster, brochures, etc.)

Type: Gross Sales or annual budget

Printing for third parties:

Type: Gross receipts

23. Financial Information:

A. Gross annual sales derived from each of the following (please provide annual budget if non-profit):

Book Publishing _____	Broadcasting and telecasting _____
Newspaper publishing _____	Cablecasting _____
Magazine publishing _____	Program & film production _____
Miscellaneous _____	Total _____

B. Gross annual sales (or budgets) for media activities:

U.S. _____ Foreign _____

24. Legal Procedures

A. Provide description of standard procedures for checking accuracy and originality of content.

B. Name of outside counsel: _____

C. Telephone Number: () _____ D. Years of experience in media law _____

E. Approximate percentage of all media for which the insured is indemnified by another party: _____%

F. Does insured require indemnitor to carry similar media errors and omissions insurance? __ Yes __ No

25. Claim Information

A. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the past five years for libel, slander or other forms of defamation: invasion or infringement of the right of privacy or publicity: infringement of copyright, title or slogan, plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter published distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

___ Yes ___ No If yes, provide details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

B. No person(s) or entity(ies) proposed for this insurance is(are) cognizant of any act, error or omission which he(they) has (have) reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed insurance except as follows: (If answer is none, so state.) _____

C. No fact, circumstance or situation indicating the probability of a claim for which coverage would be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if any person(s) or entity(ies) to be insured under the Policy has(have) knowledge of any fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

D. Has any person(s) or entity(ies) proposed for this insurance ever been sued for trespassing, misrepresentation or assault and battery. If "Yes, please provide details.

26. Other insurance

A. During the past three years, has any similar insurance been issued to the applicant firm?

___ Yes ___ No If yes, complete the following:

Company	Policy #	Limits	Deductible	Coverage Date	Premium
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B. Has any insurer declined, canceled, or refused to renew any similar insurance issued to the applicant firm?

___ Yes ___ No

C. Does the applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations.

___ Yes ___ No

27. Proposal requirements

Limit of liability required \$ _____ Deductible \$ _____

Note: All policies include a deductible applying to the cost of defense, judgments and settlements, or any combination thereof.

Lexington Insurance Company is hereby authorized to make any investigation and inquiry in connection with this Application as it deems necessary.

The undersigned hereby authorizes the release of claim information from any prior insurer to **Lexington Insurance Company**, 200 State Street, Boston, Massachusetts 02109.

PLEASE REVIEW THE POLICY CAREFULLY. Except to such extent as may be otherwise provided in the Policy, the Policy for which application is being made is limited for **ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED** while the Policy is in force.

Signature of authorized agent:

Advisor: _____

By: _____

Title: _____

Date: _____

Must be signed by the Chairman of the Board or the President of the Applicant.

If additional Advisor(s) are proposed for coverage, please attach additional page for signature(s) of each entity.

***SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.** Application **MUST** be currently signed and dated to be considered for quotation.

Question No.	Additional Explanation to the Questions Designated
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