



MULTIMEDIA LIABILITY INSURANCE POLICY - PROPOSAL FORM

Completing the Proposal Form

* Please answer ALL questions in full leaving no blank spaces.

* If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED BY "DEFENSE EXPENSES." DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION. NOTICE: THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS FROM THAT AFFORDED BY OTHER POLICIES. PLEASE READ THE ENTIRE POLICY CAREFULLY.

The liability of the Company does not commence until the acceptance of the proposal form has been formally intimated by the Company and full premium has been realized by the Company.

APPLICANT INFORMATION

1 Name of Applicant

Address of Applicant's principal or registered

City Pin Code

State Tel. No. #Mobile

STD Code

*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

COVERAGE DESIRED

2 Limits of Liability desired

Each Claim or Related Claims	<input type="text"/>
Aggregate for all Claims	<input type="text"/>

3 Retention desired for each Claim or Related Claims

GENERAL INFORMATION

4 The Applicant is Individual Non-profit Corporation Privately Held Partnership Publicly Traded Other

5 Year established

6 Covered Media

a. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g. daily, weekly), average circulation, and geographical market served

Publication	Frequency	Circulation	Geographical Market
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Please list all broadcast or cable stations for which coverage is sought and provide the number of subscribers (for cable stations), the highest sixty (60) second advertising rate (for broadcast stations) and the geographical market served, and the station format.

Station	Subscribers / Advertising Rate	Geographical Market	Format
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. Please list or describe all other communications or other media activities for which coverage is sought.

7 What are the total annual revenues generated by all of the Covered Media for Last year?

8 Are any Covered Media published, broadcast, Yes No

or otherwise communicated in a language other than English?
If "Yes," please identify such Covered Media and the language used.

Sr. No.	Covered Media
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9 Does the Applicant currently maintain a Yes No

media liability insurance policy?

If "Yes," please provide the following information

Name of Insurer	
Policy Period	Limit
Deductible	Premium
Length of time coverage has been continuously in force:	

10 Has any media liability insurance for the Yes No

Applicant or any Covered Media ever been declined or cancelled? If "Yes," please attach an explanation.

11 Does the Applicant maintain a comprehensive Yes No

general liability policy?

If "Yes," please attach an explanation.

Name of Insurer	
Policy Period	Limit
Is Personal Injury coverage included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Product Liability coverage included?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDIA OPERATIONS INFORMATION

12 What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers or other nonemployees? _____ %

13 Please describe the Applicant's policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement.

14 What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? _____ %

15 Does the Applicant engage in any of the following newsgathering practices with respect to any of the Covered Media?

Hidden cameras/microphones Yes No "Ride alongs" Yes No
Reliance on anonymous sources Yes No "Undercover" investigations Yes No

16 If the Applicant answered "Yes" to any of the items in question 15, please describe the Applicant's policy and practice governing the use of such techniques.

17 Please describe the Applicant's policy and practice regarding the processing of and response to requests for retraction.

18 Does the Applicant enter into indemnification or hold harmless agreements favoring third parties to whom the Applicant supplies content for publication or broadcast? Yes No

If "Yes," please describe the Applicant's policy and practice regarding the entry into such agreements and attach a sample copy of a standard agreement.

19 Does the Applicant engage in any live programming? Yes No

If "Yes," please describe the type of delay device utilized and the Applicant's policy and practice regarding the use of such device.

LEGAL REVIEW

20 Please provide the name, address, and telephone number of the Applicant's in-house legal counsel

Name _____
Address _____
City _____ Pin Code _____
State _____ Phone Number _____
Mobile _____ STD Code _____

21 Does the Applicant retain outside counsel for advice regarding potential liabilities arising out of the publication or broadcast of material? Yes No

Name _____
Address _____
City _____ Pin Code _____
State _____

Approximate number of hours billed per month: hours

22 Please describe the Applicant's policy and practice regarding legal review of articles, broadcasts, or other communications prior to publication.

