

OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy[®] Insurance Application

All Questions Must Be Answered Completely.
 Attach Additional Sheet If Necessary.

The Coverage Supplement And 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: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____

Corporation Partnership Individual Joint Venture

Please identify memberships in any trade or professional organizations _____

Gross Annual Revenues from "media" activities: United States: \$ _____

Canada: \$ _____

International: \$ _____

Identify international media activities, by country, outside the United States and Canada. _____

2. Coverage Information (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ _____ Retention \$ _____

3. Loss Prevention

A. Media Counsel

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Firm contact _____

Is counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No

Does counsel conduct a review of the content of scheduled media? Yes No

Is counsel consulted regarding intellectual property issues? Yes No

Is counsel on retainer? Yes No

B. Operations

Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? Yes No

Does the **Applicant** engage in any online activities? Yes No

If "yes," please advise _____

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

Does the **Applicant** require advertisers and/or advertising agencies to execute hold-harmless agreements regarding the content of advertising? Yes No

Does the **Applicant** utilize third parties to create content for scheduled media? Yes No

Are third parties required to execute hold-harmless agreements? Yes No

Are third parties required to provide proof of insurance? Yes No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or other content on the Internet? Yes No

4. Insurance and Claim Information

Has the **Applicant** or any subsidiary been involved in a media liability claim or law suit in the past five years? Yes No

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

Provide details on an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

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.

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

Have any media liability insurers ever canceled or non-renewed coverage? Yes No

If "yes," please advise _____

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media _____ .

Was counsel retained to answer, object or otherwise respond to the subpoena? Yes No

Has the **Applicant** had media liability insurance in the past three years? Yes No

If "yes," please identify the following or attach Declarations:

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

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, the Coverage Supplement and in any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
 Author Supplement

1. Name of Applicant _____

2. Scheduled Book, Article, Monograph or Play (“work”)

Title _____ Marketing Budget \$ _____

Publisher _____ Address _____

Phone _____ Geographic Distribution _____

Fiction Non-Fiction Advance Paid by Publisher \$ _____

Projected publication or production date _____

Had the work been scheduled for earlier publication or production? Yes No

If “yes,” please advise as to the reason(s) for the delay _____

Have galley copies of the work been distributed? Yes No

If “yes,” please advise of date _____

Number of copies to be published or distributed during policy term:

Hardback _____ Paperback _____

Is merchandising planned in connection with the work? Yes No

If “yes,” please advise _____

3. Briefly describe type of work, i.e. poetry, current autobiography, etc. _____

Please advise as to the genesis or inspiration for the work _____

4. Has the work been listed in a publisher's book catalog or in other promotional materials? Yes No

If “yes,” please advise _____

5. Revisions to the Work

Will the work be revised or republished during the policy term? Yes No

If “yes,” please advise if the work will be condensed, serialized or revised and the number of copies to be published and the estimated revenues _____

6. Loss Prevention

Has the work been reviewed by counsel? Yes No

Have consents been procured for unoriginal material contained in the work? Yes No

If "no," please advise _____

If the work is non-fiction or based upon factual events, have efforts been made to verify the accuracy of information provided by sources? Yes No

If the work is fictional, but based upon actual events, persons or circumstances, please advise what precautions have been made to conceal or protect the true identities of those involved.

Has counsel reviewed the precautions taken to protect identities? Yes No

Does any aspect of the work rely upon statements made by confidential sources? Yes No

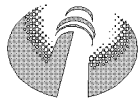
If "yes," please describe the efforts made to corroborate such statements _____

Will the publisher fact-check the work? Yes No

7. Attachments

Please submit the following information to complete your Application:

- ✓ Resume of author's literary experience;
- ✓ Copy of the publishing contract;
- ✓ An opinion letter from counsel regarding content of manuscript and legal exposure; and
- ✓ Copy of manuscript or description outlining storyline and background setting.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
 Book Publisher Supplement

1. Name of Applicant _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured and advise of the relationship to Applicant _____

3. Book Publishing:

Identify the type of books to be insured and assign a percentage:

Autobiography	_____%	Fiction	_____%	Law & Justice	_____%
Celebrity	_____%	Health & Fitness	_____%	Medical	_____%
Children's	_____%	Historical Biography	_____%	Personal Betterment	_____%
Classics	_____%	How-to General	_____%	Political	_____%
Current Biography	_____%	How-to Technical	_____%	Reference	_____%
Economics & Finance	_____%	Hobbies	_____%	Social Commentary	_____%
Education Textbook	_____%	Investigative	_____%	Travel	_____%
Other	_____%	Please describe	_____		

Are any of the books investigative works or unauthorized biographies? Yes No

4. Foreign Language Publications:

Spanish	_____%	Asian	_____%
French, German, Italian	_____%	Other foreign language	_____%

5. Newspaper or Periodical Publications:

Name	Content	Circulation	Frequency of Circulation	Geographic Area
------	---------	-------------	--------------------------	-----------------

6. For current year, please specify number of:

original titles _____ reprints _____
books printed/distributed for others _____

7. Sources of Revenue — Gross Annual Sales:

Publishing	\$ _____	Subsidiary Rights	\$ _____
Reprints	\$ _____	CD-ROM	\$ _____
Distribution	\$ _____	Books on Tape	\$ _____
Other	\$ _____		

Please describe other sources of revenue _____

Annual Advertising Budget: \$ _____

Total Gross Annual Sales by Country: United States: \$ _____
Canada: \$ _____
International: \$ _____

8. Book Publishing Operations and Loss Prevention:

Are independent contractors utilized in respect to book publishing and promotion, such as fact-checkers, illustration and advertising? Yes No

Do such individuals execute hold harmless or indemnity agreements? Yes No

Are fact-checkers utilized to verify content accuracy? Yes No

Is there a procedure for clearing book titles? Yes No

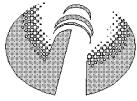
Are authors required to indemnify the publisher? Yes No

9. Author's Coverage:

Is coverage needed for authors? Yes No

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

- ✓ Current financial statement or corporate annual report;
- ✓ Current catalog or list of titles, periodicals and "other media";
- ✓ Promotional materials regarding the services or operations of **Applicant**;
- ✓ Copies of standard hold harmless agreements utilized with independent contractors;
- ✓ Copies of standard author contract;
- ✓ Copy of standard publisher-distributor agreements; and
- ✓ If new operation, please include resumes of principals.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

MEDIA ADVANTAGE POLICY®
 Broadcaster Supplement — Radio, Television and Cable

1. Name of **Applicant**: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy:

3. Scheduled Television and Cable Stations

For television, please provide highest hourly advertising rate and for cable, please identify the number of subscribers:

Station and Location	Years in Operation	Highest Hourly Advertising Rate	Number of Subscribers	Station Revenues
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Scheduled Radio Stations:

Call Letters and Location	Years in Operation	Highest Rate 60-Second Spot	Percentage Simulcast	Format	Station Revenues
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Broadcast Programming — Indicate percentage of programming that is:

Original Programming (excluding news)	_____	%
Percentage that is: a) Prerecorded	_____	%
b) Live	_____	%
Network Programming	_____	%
Purchased or Leased Programming	_____	%
Percent provided by a syndicate or feature service	_____	%
Percent provided by independent contractors	_____	%
Original Local News Programming	_____	%
News Content Provided by a Wire Service	_____	%

6. Broadcast Format — Indicate percentage of format that is:

Educational _____ %
Public Broadcasting _____ %
Religious Content _____ %
Controversial _____ %
Sports _____ %
Talk: _____ %

Foreign Language Broadcasting Yes No
Spanish _____ % Asian _____ % Middle Eastern _____ % French _____ %
Other _____ %

7. Do any of the stations produce programming for stations not owned or operated by the Applicant? Yes No

If "yes," please explain the type of programming produced _____

Does Applicant employ any "shock jocks" or air controversial programming? Yes No

If "yes," describe: _____

Does applicant "podcast" any programming? Yes No

If "yes", describe: _____

8. Operations and Loss Prevention

Are delay devices utilized for live programming? Yes No

Are license fees paid to music licensing societies and organizations? Yes No

Is music web cast over the Internet? Yes No

If "yes," are web casting statutory licenses procured? Yes No

Do news reporters engage in investigative or undercover reporting? Yes No

Do news reporters use hidden cameras or microphones? Yes No

Do reporters participate in "ride-alongs" with law enforcement or emergency medical services personnel? Yes No

Is there a procedure in place regarding the recycling of file footage, notes, tapes or electronic versions thereof? Yes No

Is there a policy regarding the use of confidential sources? Yes No

Is there a policy regarding correction and retraction requests? Yes No

Do in-house advertising departments utilize limitation of liability clauses? Yes No

9. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Promotional materials regarding the services or operations of **Applicant**;
- ✓ Advertising rate card;
- ✓ Copy of standard hold-harmless agreements utilized with independent contractors and advertisers; and
- ✓ If a new operation, resumes of principals.
- ✓ Current programming schedule.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

MEDIA ADVANTAGE POLICY®
 Cable Television Operator Supplement

1. Name of **Applicant**: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy:

3. **Cable Systems** — Please attach separate sheet, if necessary.

System and Location	Years in Operation	Number of Access Channels	Number of Subscribers	Annual Revenues	Geographic Regions Served
---------------------	-----------------------	---------------------------------	--------------------------	--------------------	------------------------------

4. **Originated Programming:**

Please identify programming produced by **Applicant** and identify the cable system through which it is broadcast _____

Total hours of original programming per week _____

Do cable systems share original programming? **Yes** **No**

If “yes,” to above, please identify percentage of duplication _____%

Is original programming syndicated? **Yes** **No**

Does the **Applicant** produce local news coverage? **Yes** **No**

If “yes,” indicate percentage: _____%

5. **Access Channels**

Hours of daily broadcasts by access channels _____

Please describe access procedure _____

6. Leased Channels

Please identify percentage of leased channels _____%

Is the user required to execute a written hold harmless agreement and indemnify the cable operator?

Yes No

7. Loss Prevention

Do program producers comply with music licensing and other requirements to protect the intellectual property rights of third parties?

Yes No

Do local news reporters engage in investigative or undercover reporting?

Yes No

Is a procedure in place for responding to complaints?

Yes No

Are infomercials or other paid advertisements broadcast over the **Applicant's** cable system(s)?

Yes No

If "yes," do the vendors execute hold-harmless agreements?

Yes No

Do in-house advertising departments utilize limitation of liability clauses?

Yes No

8. Attachments

Please submit the following information to complete your Application:

- ✓ Current corporate annual report or financial statement;
- ✓ List of stations carried on each cable system and program schedule;
- ✓ Promotional materials regarding the services or operations of **Applicant**;
- ✓ Copy of standard hold harmless agreements utilized with vendors, program producers and advertisers;
- ✓ Copy of standard channel use or lease agreement;
- ✓ If new operation, resumes of principals.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
 Commercial Printing Supplement

1. Name of Applicant: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured _____

3. Number of Employees _____

4. Years in business under current ownership _____

5. Gross Billings: Printing \$ _____ Distribution \$ _____ Design \$ _____

6. Annual Gross Revenues (or billings): United States: \$ _____
 Canada: \$ _____
 International: \$ _____

7. Average Print Job: \$ _____

8. Business Operations

a. Please identify types of printed materials:

Advertising/Publication Inserts	_____ %	Lottery Tickets	_____ %
Architectural Blueprints	_____ %	Mailing Labels	_____ %
Books	_____ %	Newsletters/Newspapers	_____ %
Brochures	_____ %	Package Design	_____ %
Business Forms	_____ %	Pamphlets/Flyers	_____ %
Catalogs	_____ %	Periodicals/Magazines	_____ %
Checks	_____ %	Phone Books/Directories	_____ %
Coupons	_____ %	Photocopy Services	_____ %
Event Tickets	_____ %	Promotional Games	_____ %
Financial Reports/SEC Filings	_____ %	Specialty Items	_____ %
Foil Stamping/Die Cutting	_____ %	Stationery	_____ %
General Printing	_____ %	Trade Show Materials	_____ %

Other _____ % Please Describe _____

b. Does the client approve the proof and sign-off on printing jobs? Yes No

If "yes," describe procedures _____

c. What percentage of print work is provided "camera-ready" from the client? _____ %

d. Describe quality control procedures to ensure accuracy of materials printed _____

e. If the **Applicant** prints lottery tickets, coupons or promotional games, describe the procedures followed to maintain the integrity and value of the printed work and ensure proper seeding of winning pieces

f. Is the **Applicant** responsible for seeding winning pieces? Yes No

g. Is confidential client information transmitted via e-mail? Yes No
If "yes," is this method of transmission approved by the client? Yes No

If "yes," describe methods to protect confidentiality _____

9. **Professional Services**

a. Please assign a percentage to applicable services:

Advertising	_____ %	Telemarketing	_____ %
Direct Mail	_____ %	Website Design	_____ %
Graphic Design	_____ %		
Other	_____ %	Please Describe	_____

b. Does the **Applicant** provide marketing lists for direct mail services? Yes No
If "yes," how are these lists developed and categorized? _____

c. Does the **Applicant** print mailing labels for direct mail services? Yes No

d. Is client "sign-off" required prior to processing all services? Yes No

e. Does the **Applicant** develop trademarks or logos? Yes No
If "yes," are trademark searches conducted? Yes No

f. Are limitation of liability, hold-harmless agreements utilized with clients? Yes No
If "yes," please provide sample copy.

g. Have you ever had to reprint or re-do a job due to your error? Yes No
If "yes", provide details including date(s) and cost(s).

10. **Attachments**

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Copies of standard hold harmless agreements utilized with clients;
- ✓ Promotional materials regarding the services or operations of **Applicant**; and
- ✓ If a new business, resumes of principals.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
 Film & Program Distributor Supplement

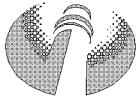
1. Name of **Applicant** _____
2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

3. Estimated Assets: \$ _____
4. Annual Revenues from distribution activities: \$ _____
5. Identify all additional insureds and explain relationship to **Applicant** _____

6. Types of films/programs being distributed: _____% Comedy _____% Drama _____% Games
 _____% Romance _____% Children's _____% Documentary _____% Adventure
 _____% Horror _____% Adult/Pornographic _____% Other: _____
7. Has applicant produced any of the films being distributed? Yes No
 If **yes**, what percentage of the films being distributed was produced by the applicant? _____%
 What limit of production liability insurance was carried for these films? \$ _____
8. Percent of films produced by foreign producers: _____% Percent produced in Asia: _____%
9. Percent of foreign "language" films: _____%
 Languages: _____
10. Does film producer hold harmless and indemnify applicant? Yes No
11. Does applicant require proof of production liability insurance from producer? Yes No
12. **Attachments**

Please submit the following information to complete your Application:

- ✓ Current financial statement, tax return or corporate annual report;
- ✓ Copy of distribution agreements with producers;
- ✓ Current list of titles being distributed.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
Film, Program and Theatrical Producer Supplement

1. Name of Applicant _____
2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

3. Estimated Assets: \$ _____ Projected Revenues: \$ _____
4. Identify all additional insureds and explain relationship to Applicant _____

5. **Scheduled Production Information**
 - a. Production title _____
 - b. Name of producer _____
 - c. Name of author or writer _____
 - d. Brief description of story line _____
 - e. Please advise as to the genesis or inspiration for the production, i.e., book, original material, etc.

 - f. Estimated production budget: \$ _____
 - g. Approximate air or release date _____
 Approximate length of time that production will be aired or released _____
 Name of distributor _____
 Term of "rights period" in distribution agreement _____
 - h. Is production based upon fictional or actual events? _____
 - i. Geographic distribution area of production _____
 - j. Have distribution rights been granted to a third party? Yes No
 - k. Have the production and clearance procedures been reviewed by counsel? Yes No
 - l. Has title of the production been cleared? Yes No
 - m. Has copyright report been obtained? Yes No

6. Type of Production — please check all that apply:

Theatrical Release Television Motion Picture Cable Video Other _____

If production is for Television, is production a:

___ Weekly series ___ special ___ mini-series ___ movie

Length of production (i.e., 30 minutes, etc.) _____

If a series or mini-series, indicate number of episodes: _____

7. Systems, Operations and Clearance Procedures

a. Have all licenses, releases or consents been obtained from all performers, artists, musicians, etc., relative to the scheduled production? Yes No

If "no," please advise why such agreements have not been obtained _____

b. Is the production an exposé or investigative work? Yes No

If "yes," please explain method for documenting information _____

c. Is the production based upon an **unauthorized** biography? Yes No

d. Is the name or likeness of any living or deceased person used in the production? Yes No

If "yes," have all consents been procured? Yes No

e. Will any film, video or news clips, photographs, recording or syndication, written matter, computer graphics or animation that is unoriginal to the scheduled publication be used in the production? Yes No

If "yes," have the requisite licenses or consents been procured? Yes No

If "no," please explain why _____

f. Will there be any colorization of black and white productions? Yes No

g. Have any rights in the scheduled production been licensed to a third party? Yes No

If "yes," please advise _____

h. Will merchandise be generated from the scheduled production? Yes No

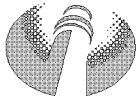
If "yes," please describe and advise if all requisite licenses have been procured _____

i. Has a procedure been implemented regarding the receipt of unsolicited ideas, scripts or other information? Yes No

8. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Resumes of key individuals with list of other productions;
- ✓ Copies of licenses, consents, contracts and agreements with writers, actors, distributors, licensors, etc.;
- ✓ VHS video cassette tape or script of production; and
- ✓ If production has been reviewed by counsel, an opinion letter.
- ✓ If applicant is a distributor, a current list of films, videos, etc., that are distributed.



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®
 Magazine Publisher Supplement

1. Name of **Applicant**: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the Media Advantage Policy™ _____

3. **Scheduled Periodicals** — Attach an additional sheet, if necessary.

Identify all periodicals to be insured by the Media Advantage Policy:

<u>Name and Location</u>	<u>Circulation Area</u>	<u>Circulation and Frequency</u>	<u>Years in Operation</u>	<u>Format</u>

4. Gross Annual Revenues from Publishing: United States: \$ _____
 Canada: \$ _____
 International: \$ _____

5. **Periodical Content**

Are any periodicals published in a language other than English? **Yes** **No**
 If “**yes**,” what languages and formats? _____

Do any of the periodicals focus upon investigative reporting? **Yes** **No**
 If “**yes**,” how does editorial staff ensure content accuracy? _____

Please identify what percentage of periodical content focuses upon the following:

Alternative	_____ %	Humor/Satire	_____ %	News	_____ %
Business/Finance	_____ %	Home/Hobby	_____ %	Pictorial	_____ %
Consumer	_____ %	Fiction/Non-Fiction	_____ %	Political/Social	_____ %
Educational	_____ %	Historical	_____ %	Religious	_____ %
Entertainment	_____ %	Instruction/How-to	_____ %	Sports	_____ %
Ethnic	_____ %	Metropolitan	_____ %	Technical	_____ %
Other	_____ %				

6. Special Publications

Identify special publications, such as professional journals and directories _____

7. Sources of Content — Please identify percentage of content contributed by:

Freelance Writers _____ % News/Feature Services _____ %
Staff Employees _____ % Volunteers _____ %
Stringers _____ %

8. Content Style — Please assign a percentage to:

Controversial Content _____ %
Investigative Reporting _____ %

9. Systems, Operations and Loss Prevention

- Do freelancers warrant the accuracy and originality of their content? Yes No
- Are disclaimers utilized in respect to financial, legal or medical advice? Yes No
- Are fact-checkers utilized to verify content accuracy? Yes No
- Are "Letters to the Editor" edited? Yes No
- Are written consents obtained from individuals appearing in photographs? Yes No
- Do in-house advertising departments use limitation of liability clauses? Yes No
- Has a policy been implemented regarding the recycling of notes, cassette tapes and any electronic versions thereof? Yes No
- Has a policy been implemented to handle and respond to complaints? Yes No
- Has a policy been implemented regarding the use of confidential sources? Yes No
- Are procedures in place for handling unsolicited literary submissions? Yes No
- Have all titles been cleared? Yes No

10. Attachments

Please submit the following information to complete the Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Copies of standard hold harmless agreements utilized with independent contractors, licensors and advertisers;
- ✓ Two consecutive copies of each publication to be insured or prototype, if new publication;
- ✓ Promotional materials regarding the services or operations of **Applicant**; and
- ✓ If a new business, resumes of principals.



Media Advantage Policy®
Multimedia Supplement

1. Name of Applicant _____
2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy _____

3. Total gross annual revenues from media activities \$ _____

4. **Scheduled Media** — Please identify all media entities to be insured:

A. Scheduled Television and Cable Stations:

For television, please provide highest hourly advertising rate and for cable, please identify the number of subscribers:

<u>Station and Geographic Market</u>	<u>Years in Operation</u>	<u>Highest Hourly Advertising Rate</u>	<u>Number of Subscribers</u>
--------------------------------------	---------------------------	--	------------------------------

Network Affiliation (please identify) _____

Gross annual revenues from television and cable broadcasting \$ _____

B. Scheduled Radio Stations:

<u>Call Letters & Geographic Market</u>	<u>Years in Operation</u>	<u>Highest Rate-60 Second Spot</u>	<u>Percentage Simulcast</u>	<u>Hours Broadcast</u>	<u>Format</u>
---	---------------------------	------------------------------------	-----------------------------	------------------------	---------------

Gross annual revenues from radio broadcasting \$ _____

Do any of the radio stations share content? Yes No

If "yes," please advise the percentage the content shared or simulcast _____%

Do any of the radio stations web cast over the Internet? Yes No

If "yes," are appropriate statutory licenses procured? Yes No

C. Broadcast Programming for Television, Cable and Radio:

Original Programming (excluding news) _____ %
 Percent that is: a) Pre-recorded _____ %
 b) Live _____ %
 Network Programming _____ %
 Purchased or Leased Programming _____ %
 Percent provided by a syndicate or feature service _____ %
 Percent provided by independent contractors _____ %
 Original Local News Programming _____ %
 News Content Provided by a Wire Service _____ %

Do any of the stations produce programming for stations not owned or operated by the **Applicant**? Yes No

If "yes," please explain the type of programming produced _____

D. Broadcast Format for Television, Cable and Radio:

Educational _____ %
 Public Broadcasting _____ %
 Religious Content _____ %
 Controversial _____ %
 Sports _____ %
 Talk: _____ %

Foreign Language Broadcasting: Yes No

Spanish _____ % Asian _____ % Middle Eastern _____ % French _____ %
 Other _____ %

E. Newspaper Publishing Information:

Identify Scheduled Publications. Attach a separate sheet if more than three publications:

	(A)	(B)	(C)
Name	_____	_____	_____
Location	_____	_____	_____
Date First Published	_____	_____	_____
Circulation/Frequency	_____	_____	_____
Circulation Area	_____	_____	_____

Circulation Area: international, national, regional, statewide, metropolitan, community, rural or campus.

	(A)	(B)	(C)
% Content from Wire Service/ Syndication	_____ %	_____ %	_____ %
% Content from Freelance Writers/Volunteers	_____ %	_____ %	_____ %
% Controversial or Investigative Content	_____ %	_____ %	_____ %

Do any of the above publications share content? Yes No

If "yes," please advise of the percentage of shared content _____%.

Gross annual revenues from newspaper publishing \$ _____

F. Magazine Publishing:

Please identify all periodicals to be insured by the Media Advantage Policy:

<u>Name and Location</u>	<u>Circulation Area</u>	<u>Circulation and Frequency</u>	<u>Yrs in Operation</u>	<u>Format</u>

Do any of the periodicals focus upon investigative reporting? Yes No

If "yes," how does editorial staff ensure content accuracy _____

Please identify what percentage of periodical content focuses upon the following:

Alternative	_____%	Humor/Satire	_____%	News	_____%
Business/Finance	_____%	Home/Hobby	_____%	Pictorial	_____%
Consumer	_____%	Fiction/Non-Fiction	_____%	Political/Social	_____%
Educational	_____%	Historical	_____%	Religious	_____%
Entertainment	_____%	Instruction/How-to	_____%	Sports	_____%
Ethnic	_____%	Metropolitan	_____%	Technical	_____%
Other	_____%	_____			

Please identify any special publications, such as directories or newsletters, and describe content _____

Gross annual revenues from magazine publishing \$ _____

G. Book Publishing:

Please identify the type of books to be insured by the Media Advantage Policy and assign a percentage:

Autobiography	_____%	Fiction	_____%	Law & Justice	_____%
Celebrity	_____%	Health & Fitness	_____%	Medical	_____%
Children's	_____%	Historical Biography	_____%	Personal Betterment	_____%
Classics	_____%	How-to General	_____%	Political	_____%
Current Biography	_____%	How-to Technical	_____%	Reference	_____%
Economics & Finance	_____%	Hobbies	_____%	Social Commentary	_____%
Education Textbook	_____%	Investigative	_____%	Travel	_____%
Other	_____%				

Please describe _____

Are any of the books investigative works or unauthorized biographies? Yes No

Are authors required to indemnify the publisher? Yes No

If "yes," please explain indemnification arrangement _____

Gross annual revenues from book publishing \$ _____

5. Systems, Operations and Loss Prevention for Scheduled Media:

- Do news reporters engage in investigative or undercover reporting? N/A Yes No
- Are hidden cameras or microphones used? N/A Yes No
- Are "Letters to the Editor" edited? N/A Yes No
- Is there a procedure for responding to complaints? N/A Yes No
- Are releases used in connection with the publication of photographs? N/A Yes No
- Is there a policy regarding the use of confidential sources? N/A Yes No
- Are delay devices utilized for live broadcasts? N/A Yes No

If scheduled media is published or broadcast in languages other than English, please identify:

Spanish	_____ %	Asian	_____ %
Middle Eastern	_____ %	French, German, Italian	_____ %
Other foreign language	_____ %		

What percentage of media content is provided by independent contractors, such as freelancers or stringers?
_____ %

Have procedures been implemented to verify content accuracy? Yes No

Are there procedures for responding to complaints and retraction requests? Yes No

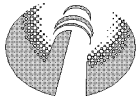
6. Other Media — Please identify any other media, such as films, online activities or programs to be insured

Gross annual revenues from other media activities \$ _____

7. Attachments

Please submit the following information to complete the Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Promotional materials regarding the services or operations of **Applicant**;
- ✓ Copies of standard hold-harmless agreements and other contracts utilized with advertisers, licensors, licensees, distributors and independent contractors;
- ✓ For newspapers and periodicals, please include three consecutive copies of publications to be insured;
- ✓ For radio and television, include an advertising rate card(s) and program schedule;
- ✓ For books, please include a current book list; and
- ✓ If a new operation, resumes of principals.



OneBeacon Insurance Company

c/o First Media
4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®

Online Content and Professional Services Supplement

1. Name of **Applicant**: _____
2. Applicant's website address(es). _____
3. Identify all subsidiaries, including trade names, and joint ventures to be insured _____

4. Number of employees _____
5. Years in business under current ownership _____
6. Gross Annual Revenues: United States: \$ _____
 Canada: \$ _____
 International: \$ _____

Gross annual sales from e-commerce \$ _____

7. **Business Operations**

a. Please assign a percentage to receipts generated from the following services:

Application Service Provider	_____ %	Games	_____ %
Commercial Online Service	_____ %	Internet Access Provider	_____ %
Content Provider	_____ %	Internet/Intranet Development	_____ %
Database Services	_____ %	Search Engine Design	_____ %
Domain Name Registration	_____ %	Software Development	_____ %
E-Commerce	_____ %	Virtual Community Hosting	_____ %
Electronic BBS	_____ %	Web Page Design	_____ %
E-Mail	_____ %	Web Page Hosting	_____ %
Forum Hosting/Management	_____ %	Web Page Maintenance	_____ %
Other	_____ %	Please Describe	_____

- b. Please describe activities and services the **Applicant** wants to insure _____

- c. Please identify website addresses of representative work _____

d. If applicable, please ✓ the type of content disseminated by the **Applicant**:

Adult Only	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	Games	<input type="checkbox"/>
Children's	<input type="checkbox"/>	News	<input type="checkbox"/>
Database (Identify)	<input type="checkbox"/>	Software	<input type="checkbox"/>
Digital Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Educational	<input type="checkbox"/>	Other	_____

e. Does the **Applicant** comply with the Children's Online Privacy Protection Act (COPPA)? Yes No

f. Does the **Applicant** web cast music? Yes No

If "yes," does the **Applicant** comply with statutory licenses? Yes No

g. Please identify percentage of content created by **Applicant** _____%

h. Please identify sources of unoriginal content _____

i. Are consents and licenses procured for unoriginal content, including its use on the Internet? Yes No

j. Please ✓ interactive features offered through **Applicant's** service:

Auction	<input type="checkbox"/>	Downloads	<input type="checkbox"/>	Search Engines	<input type="checkbox"/>
BBS	<input type="checkbox"/>	E-Commerce	<input type="checkbox"/>		
Chat Room	<input type="checkbox"/>	E-Mail	<input type="checkbox"/>		
Other	_____				

k. Who operates **Applicant's** web server? **Applicant** _____ Outsourced _____
If outsourced, name of company. _____

l. Does the **Applicant** store, control or maintain confidential financial or personal information on its own server(s)? Yes No

m. What is the uptime goal for **Applicant's** system?

_____ More than 99%
_____ 98-99%
_____ 96-98%
_____ less than 96%

n. If **Applicant** is an Internet access provider, how much capacity is currently being utilized by subscribers?

_____ More than 90%
_____ 75-90%
_____ 50-75%
_____ less than 50%

Please describe how **Applicant** assures that there will be sufficient capacity to handle increases in subscribers. _____

8. Client Information

- a. Are agreements utilized with all users, clients and subscribers of Internet Services? Yes No
If "no," please explain _____
- b. Do they contain hold harmless or indemnity agreements for the benefit of the applicant? Yes No
- c. Is there a procedure in place for dealing with third party complaints regarding content or Internet-related services? Yes No
- d. Describe methods of ensuring quality and accuracy of service and products _____

- e. Please assign a percentage to client composition: Business _____% Consumers _____% Other _____

9. Subcontractor and Independent Contractor Information

- a. Are subcontractors and independent contractors utilized? Yes No
If "yes," for what purpose _____

- b. Are hold harmless contracts utilized? Yes No
- c. Are such individuals required to provide proof of insurance? Yes No
- d. How is quality maintained? _____

10. Loss Prevention

- a. Has counsel with expertise in **Applicant's** *electronic* business and operations been consulted in respect to contracts utilized with users, clients, subscribers and independent contractors? Yes No
- b. Please identify law firm _____
- c. Please advise of policy for editing and/or removing libelous, controversial or infringing online content.

How often is such material removed on a monthly basis? _____
- d. Please advise if licenses are procured from the following owners of intellectual property rights:
Authors of Content Yes No N/A
Film Clip Owners/Streaming Video Yes No N/A
Music Licensing Associations Yes No N/A
Music Producers Yes No N/A
Software Individuals Yes No N/A
Individuals Whose Name or Likeness is Used Yes No N/A
If "no," to any of the above, please advise _____
- e. What are the **Applicant's** greatest area(s) of exposure to liability? _____

- f. What steps have been taken to minimize exposure _____

g. Check methods utilized to eliminate intrusions so that they do not disable **Applicant's** systems and safeguard the integrity and protect the confidentiality of information collected, stored or disseminated online from unauthorized access, interception, virus or other corruption:

(1) Update virus scanning software

- monthly
- semiannually
- annually

(2) Antivirus software scans hard drives:

- every boot-up
- every log-in
- full time in background

(3) Firewalls:

- one at border
- one, but it protects DMZ and the intranet separately
- two, protecting DMZ and protecting intranet
- none
- other

(4) Encryption used for payment by credit card/debit card/smart card:

- yes
- no
- no payment by credit card
- card numbers stored in encrypted form

(5) Remote access requires:

- password
- user ID
- one time PIN
- digital certificates
- other

(6) Does **Applicant** have a backup plan in place that provides continuity of online services in the event unauthorized access results in a systems failure? Yes No

(7) Other, please describe _____

h. Have security systems ever been breached? Yes No
If "yes," provide details and advise if corrective measures have been taken _____

i. Average number of attempts made on a monthly basis by third parties to breach security _____

j. Has **Applicant** used any outside services to audit or assess the security of its network? Yes No

Please describe. _____

Was the website certified? Yes No

k. Does the **Applicant** link to or frame other websites? Yes No

If "yes," please describe and advise if permission obtained _____

l. Does the **Applicant** have coverage for completed products and operations? Yes No

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

n. Has any third party reported damages as a result of a systems intrusion, tampering, data loss, hacking, data theft or similar type of incident involving **Applicant's** website? Yes No

If "yes," please describe incident and damages _____

11. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Copies of standard hold harmless agreements utilized with clients and independent contractors;
- ✓ Terms of service agreements utilized with users and/or subscribers;
- ✓ Copies of contracts utilized with website advertisers and/or vendors supplying products and services to **Applicant**;
- ✓ Promotional materials regarding the services or operations of **Applicant**; and
- ✓ If a new business, resumes of principals.

Media Advantage Policy® Post Production Questionnaire

1. Name of **Applicant** _____
2. Address: _____
3. List all subsidiaries and/or trade names to be insured by the Media Advantage Policy

4. Estimated Assets: \$ _____ Projected Revenues: \$ _____
5. Identify all additional insureds and explain relationship to **Applicant** _____

6. Year Established _____

7. Post Production Services Information

Types of service or content provided by applicant:

Animation:	_____%	Digitalization:	_____%
Artwork:	_____%	Editing:	_____%
Background:	_____%	Music:	_____%
Character Creation:	_____%	Voiceovers:	_____% *
Colorization of black and white productions:	_____%		
Other:	_____%	Describe:	_____

*Does the applicant provide celebrity sound-alike voiceovers?

Yes No

If yes, is this done with written permission from the celebrity?

Yes No

List the applicant's five largest clients:

7. Web Site Information

- a. Does applicant maintain a web site for which coverage is needed? Yes No
- b. Describe the purpose of the web site: _____
- c. Percentage of content created by: Applicant: _____% third party/independent contractor: _____%
- d. Are third party/independent contractor content providers required to:
- 1. execute hold-harmless agreements? Yes No
 - 2. provide proof of insurance? Yes No
- e. Are licenses, consents or releases obtained for using third-party content on this site? Yes No
- f. Does web site provide the following (check those that apply):
- | | | | |
|--|---|------------------------------------|--------------------------------|
| <input type="checkbox"/> Chat Room | <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Blogging | <input type="checkbox"/> Music |
| <input type="checkbox"/> E-commerce | <input type="checkbox"/> E-mail | <input type="checkbox"/> Downloads | <input type="checkbox"/> Games |
| <input type="checkbox"/> Other (describe): _____ | | | |
- g. Does web site comply with Children’s Online Privacy Protection Act (COPPA)? Yes No
- h. Is all private, sensitive or confidential information encrypted? Yes No
- i. Does the web site contain a user agreement and privacy statement? Yes No
- j. Does **Applicant** process credit card sales on their web site? Yes No
- If **Yes**, is a “secure” web site used for these transactions? Yes No
- If **Yes**, are these transactions encrypted? Yes No

8. Risk Management and Clearance Procedures

- Have clearance procedures been reviewed by legal counsel? Yes No
- Does legal review content created by or on behalf of applicant? Yes No
- If “**No**,” describe clearance procedures for Copyrights/Trademarks of content developed by applicant: _____
- Does the applicant use independent contractors? Yes No
- If “**yes**,” what services do they perform? _____
- Does applicant use a written contract with independent contractors? Yes No
- Does applicant require independent contractors to carry E&O insurance? Yes No
- What controls are in place to ensure the quality and originality of the work performed by independent contractors? _____

Do clients review and approve work prior to finishing the project? Yes No

Does applicant obtain written approval from client upon completion of work? Yes No

9. Media Counsel

Does applicant have legal counsel on retainer? Yes No

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Firm contact _____

Does applicant have in-house counsel? Yes No

If "Yes", name of in-house counsel _____ Telephone _____

Does counsel perform intellectual property searches for content created by or on behalf of the applicant? Yes No

10. Claim Information

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

If "yes", attach complete details including details of the work, amount of defense costs, judgment or settlement or, if applicable, reserved amounts.

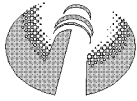
Is the **Applicant** aware of any situation that could give rise to a claim under the Media Advantage policy being applied for? Yes No

If "yes", attach complete details including the date the claim was reported.

Has the **Applicant** had media/E&O liability insurance in the past three years? Yes No

If "yes," please identify the following or attach Declarations:

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



OneBeacon Insurance Company
 c/o First Media
 4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

Media Advantage Policy®

Personal Appearance and Media Contributor Supplement

1. Name of Applicant _____

2. Describe the nature of the services or activities for which coverage is desired _____

Is merchandising planned in connection with the work? Yes No

If "Yes," describe _____

3. Public speaking engagements, panel discussions and guest appearances on television or radio programs:

a. Number of engagements or appearances per year _____

b. Gross annual revenues derived from these activities \$ _____

c. Describe program format and Applicant's participation _____

d. Describe content discussed or disseminated _____

4. Contributing editor, author, free-lance writer or advisor for third-party publications:

e. Number of articles published per year as:

_____ Contributing Editor

_____ Contributing Author

_____ Free-lance Writer

_____ Publications Advisor

f. List publications to which Applicant has contributed or acted as advisor:

g. Describe the general subject matter of these articles: _____

h. Gross annual revenues derived from these activities \$ _____

5. Appearances as an actor, announcer or endorser in product or service advertisements for third parties.

i. Number of appearances per year _____

j. List companies for which **Applicant** has made previous appearances _____

k. Gross annual revenues derived from these activities \$ _____

6. Does the Applicant provide one-on-one consulting or advice? **Yes** **No**

If "yes," please describe _____

7. Attachments

- ✓ Resume of **Applicant's** experience;
- ✓ Copy of the contract(s) for the activities to be covered; and
- ✓ Description or outline of the activity or services, including the nature of the content, to be covered.
- ✓ Sample copies of previous articles.