



DECOTIS
SPECIALTY INSURANCE

MEDIA LIABILITY BROADCASTERS E&O APPLICATION

All Questions Must Be Answered Completely - Attach Additional Sheet If Necessary
All Attachments Must Be Included With This Application.

Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

1. Applicant Information — The entity to be identified as the **Named Insured**.

Named of **Applicant**: _____

Identify all entities to be insured by the policy, including trade names, and advise of relationship to **Applicant**

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Year Established _____ Web Site Address _____

Corporation Partnership Individual Other _____

2. Scheduled Stations

Annual Gross Revenues from broadcasting activities:

United States: \$ _____ Canada: \$ _____ International: \$ _____

**Television stations: provide highest hourly advertising rate;
for cable, indicate the number of subscribers:**

Station and Location	Years in Operation	Highest Hourly Advertising Rate	Number of Subscribers	Station Revenues
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Radio Stations:

Call Letters and Location	Years in Operation	Highest Rate 60-Second Spot	% Simulcast	Format	Station Revenues
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Broadcast Programming — Indicate percentage of programming that is:

Original Programming (excluding news)	%	Educational	%
Original Local News Programming	%	Cable Access	%
News Content Provided by a Wire Service	%	Controversial	%
Network Programming	%	Podcasting	%
Purchased or Leased Programming	%	Public Broadcasting	%
Provided by a syndicate or feature service	%	Reality Programming	%
Provided by independent contractors	%	Religious Content	%
Prerecorded		Sports	%

3. Systems, Operations and Loss Prevention

A. Media Counsel

- Are in-house or local counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No
- Is counsel on retainer? Yes No
- Does counsel conduct a prepublication review? Yes No
- Is counsel consulted regarding intellectual property issues? Yes No

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____

Zip/Postal Code _____ Telephone _____

Fax _____ E-Mail _____

Firm contact _____

B. Advertising Procedures and Operations

- Do any of the stations have in-house advertising departments? Yes No
- Does the **Applicant** create advertisements for third parties? Yes No
- If “**yes**,” do advertising agreements include hold harmless or limitation of liability clauses in favor of applicant? Yes No

C. Loss Prevention

- Are delay devices utilized for live programming? Yes No
- Are license fees paid to music licensing societies/organizations? Yes No
- Do these licenses extend to the use of music on the Internet? Yes No
- 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 other than a general web site? Yes No
- If “**yes**,” please advise _____
- Do employees develop or control website content? Yes No
- If yes, are they trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No
- Do news reporters engage in investigative or undercover reporting? Yes No
- Do reporters participate in “ride alongs” with law enforcement or emergency Services personnel? Yes No
- Do news reporters use hidden cameras or microphones? 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
- Are “shock jocks” or controversial personalities employed? Yes No

4. Insurance and Claim Information

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

If “yes,” attach complete details including the amount of monies spent for both defense and loss. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved. Also, provide details in 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.

How many subpoenas has the Applicant been served in the past three years regarding scheduled publications? _____

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

(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 _____

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.	_____				

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

- Sample hold-harmless agreements used with advertisers and independent contractors;
- Current copy of each publication to be insured;
- Current financial statement or corporate annual report; and
- If current ownership is less than three years, include resumes of editor and publisher.

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

Applicant _____ Title _____
 (Director, Partner or Principal)
 Signature _____ Date _____

If this is your Agency’s first submission to First Media:

Name _____	License No. _____	Exp. Date _____
Agency _____	Agency Tax Payer I.D. _____	
Address _____	City and State/Province _____	
Zip/Postal Code _____	Telephone _____	
Fax _____	E-Mail _____	