



OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

Advertiser Advantage Policy[®] Insurance Application

All Questions Must Be Answered Completely.

Attach Additional Sheet If Necessary.

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** _____

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

Applicant _____

Street Address _____ City _____ State/Providence _____

Zip/Postal Code _____ Telephone _____ Fax _____

Year Established _____ Web Address _____

Corporation Partnership Individual Other _____

2. Coverage Information

Limits of Liability \$ _____ Retention per claim \$ _____

3. Advertising Information

Describe advertised product(s) or service(s) _____

Annual Gross Advertising Budget \$ _____

United States \$ _____

International \$ _____

Canada \$ _____

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

Assign a percentage of the budget that is allocated to services performed by advertising agencies or other third parties _____%

Methods of Advertising — Please assign a percentage to:

Television	_____ %	Theatre	_____ %
Newspaper	_____ %	Radio	_____ %
Magazine	_____ %	Internet	_____ %
Catalog/Mail Order	_____ %	Outdoor	_____ %
Telephone Solicitation	_____ %	Coupons	_____ %
Sweepstakes	_____ %	Infomercial	_____ %
Brochure	_____ %		
Other	_____ %	Please Describe	_____

4. Advertising Procedures, Operations and Loss Prevention

A. Media Counsel

Is in-house or local media counsel consulted regarding complaints, clearance procedures, hold-harmless agreements, disclaimers and licensing issues?

Yes No

Is local counsel on retainer?

Yes No

Does counsel review advertising?

Yes No

Name of in-house counsel _____ Telephone _____

Name of law firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Law firm contact _____

B. Operations and Loss Prevention

Does **Applicant** develop, design and place its own advertising?

Yes No

Are trademark searches performed?

Yes No

How many trademarks are developed per year? _____

Describe legal review and clearance procedures for trademarks and copyrights. _____

Do employees execute creative releases? Yes No

Size of in-house advertising department _____

List advertising agencies utilized by **Applicant** _____

Are the advertising agencies required to indemnify the **Applicant**? Yes No

Are the advertising agencies required to provide proof of insurance? Yes No

Does the **Applicant** engage in comparative advertising? Yes No

If “yes,” does a third party conduct the product testing? Yes No

Does the **Applicant** preserve a paper-trail in respect to marketing ideas and advertising campaigns? Yes No

Are releases obtained from all models or persons appearing in advertising campaigns, including employees or their children? Yes No

If “yes,” please explain _____

Do independent contractors provide matter or services for advertising, i.e., graphics, product testing, web design or music composition? Yes No

If “yes,” are releases and hold-harmless agreements obtained? Yes No

Is proof of insurance required? Yes No

Please describe the **Applicant's** online advertising activities _____

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

Please identify memberships in advertising associations or trade groups _____

5. Insurance History and Claim Information

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.

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

If “yes,” please attach claim information including the amount of defense costs, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

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

Has the **Applicant** ever been fined or reprimanded by the Federal Trade Commission, Canadian Radio, Television and Telecommunications Commission or other administrative agency in connection to advertising?

Yes No

If “yes,” please advise _____

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

Has advertising liability coverage ever been canceled or nonrenewed?

Yes No

If “yes,” please advise _____

Has the **Applicant** had advertiser liability insurance in the past three years?

Yes No

If “yes,” please identify the following or attach a copy of the policy declarations:

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

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

- ✓ Current financial statement or corporate annual report;
- ✓ Copies of standard contracts or consent forms utilized with advertising agencies, employees who appear in advertisements and independent contractors;
- ✓ Copies of advertisements regarding **Applicant’s** service(s) or product(s); and
- ✓ If operation ongoing for less than three years, please include resumes of principals.

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 _____

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 _____