



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

Advertising Agency 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/Province _____

Zip/Postal Code _____ Telephone _____ Fax _____

Year Established _____ Web Address _____

corporation partnership individual other _____

Applicant's area of specialization _____

2. Coverage Information

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

3. Advertising Services — Please apply a percentage to all that apply:

Public Relations	_____ %	Literary Agent	_____ %
Package Design	_____ %	Trademark Design	_____ %
Product Design	_____ %	Advertising Placement	_____ %
Product Display	_____ %	Video and Film Production	_____ %
Product Testing	_____ %	Music Composition	_____ %
Printing	_____ %	Contest/Sweepstakes Design	_____ %
Photography	_____ %	Merchandising	_____ %
Market Research	_____ %	Web Site Design	_____ %
Branding	_____ %	Other	_____ %

4. Advertising Medium — Percentage of work in the following areas:

Internet	_____ %	Promotions	_____ %
Catalog/Mail Order	_____ %	Outdoor	_____ %
Telemarketing	_____ %	Coupons	_____ %
Sweepstakes	_____ %	Infomercial	_____ %
Brochures	_____ %	Radio	_____ %
Television/Magazine	_____ %	Merchandise/collateral materials	_____ %
Newspaper	_____ %		
Direct Mail	_____ %	Other	_____

5. Advertised Products — Please assign a percentage to the following, if applicable:

Tobacco	_____ %	Firearms	_____ %
Alcohol	_____ %	Pharmaceuticals	_____ %

6. Annual Gross Billings (Total amount charged to clients including agency commission, media costs, printing costs, production costs, etc.)

Gross Annual Capitalized Billings:

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

Annual Gross Revenue or Income (Gross Billings less pass-thru costs) \$ _____

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

7. Advertising Procedures, Operations and Loss Prevention

A. Media Counsel

Is in-house or local 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 advertising? Yes No

Does applicant develop any trademark? Yes No

If yes, approximately how many trademarks are developed annually? _____

Are trademark searches performed? Yes No

Please describe trademark search procedures _____

Do employees execute creative releases? Yes No

Does the client review and "sign-off" on advertising? Yes No

Are hold-harmless or limitation of liability clauses utilized? Yes No

Is sensitive client information transmitted via e-mail? Yes No

If "yes," has the client provided written permission for transmission via e-mail? Yes No

Please advise how the **Applicant's** computer system(s) safeguard the confidentiality of information collected, stored or disseminated online from unauthorized access, interception or virus _____

Please identify major clients _____

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

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

If "yes," are hold harmless or limitation of liability clauses utilized? Yes No

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

Do models and nonprofessional models execute releases? Yes No

Please identify memberships in advertising associations or trade groups _____

8. **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.

Provide details regarding any open claims or litigation resulting from advertising activities occurring more than 5 years ago. _____

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.

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 cancelled or non-renewed? Yes No

If "yes," please advise _____

Has the **Applicant** had advertising liability coverage 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. _____

Does the Applicant currently have general liability coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completed Products and Operations Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Injury Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

- ✓ Current financial statement or corporate annual report;
- ✓ Specimen copy of standard contracts utilized with clients and independent contractors;
- ✓ Marketing brochures or detailed description of **Applicant's** services; and
- ✓ If in business 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 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 _____

Phone _____ Fax _____ E-Mail _____