



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 Liability Policy Renewal Application

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

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. Renewal of the expiring Advertising Agency Liability Policy, Endorsements and Declarations is not automatic. Please return the completed Renewal Application promptly so that we can advise of renewal terms or of our inability to renew coverage.

1. Named Insured Information

Named Insured _____

Policy Number _____ Expiration Date _____

Advise of any changes to the Named Insured's address, phone number, fax or e-mail address or other contact information _____

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

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

Annual Gross Capitalized Billings:	United States:	\$ _____
	Canada:	\$ _____
	International:	\$ _____
	Net Income:	\$ _____

Advise of any changes in advertising services or, acquisition(s) of new major clients, which have occurred since the original application: _____

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

3. Claim Information

Has any Insured been involved in a lawsuit or claim, which has not yet been reported to the Company, arising from advertising activities?

Yes No

If "yes," please attach detailed information, including suit papers or demand letters.

Other Information

Advise of any changes in advertising exposures that have occurred since the original application that might affect this coverage: _____

FRAUD WARNING

ANY PERSON, WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR 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 Renewal Application for insurance and in any attachments are true and correct to the best of my knowledge.

Insured _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____

If this is your first submission to First Media, please complete the following:

Name _____ License No. _____ Exp. Date _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____ Fax _____

E-Mail _____