



Media Advantage Policy® Author 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 Media Advantage 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 _____

2. Revisions to the Work

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

If "yes," describe revisions: _____

Amount of advance for revised book: \$ _____. Attach current financial statement or annual report.

3. Claim Information

Has any Insured been involved in a lawsuit or claim, which has not yet been reported to the Company, arising from media related activities? Yes No

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

4. Other Information

Please advise of any changes in media exposure that have occurred since the original Application:

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 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:

Agency/Producer _____ License No. _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____ Fax _____