



# 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

## Media Advantage Policy<sup>®</sup> Broadcaster 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<sup>®</sup>, Endorsement 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. **Scheduled Television and Cable Stations**

Attach an additional sheet, if necessary. For cable, please identify the number of subscribers.

Station and Location	Years in Operation	Highest Advertising Rate Hourly Spot	Number of Subscribers	Station Revenues

### Schedule Radio Stations

Call Letters and Location	Years in Operation	Highest Advertising Rate Sixty Second Spot	Percentage Simulcast	Format	Station Revenues

3. For new stations, describe program format, attach program schedule and indicate source of programming (wire service, network/syndicated, original, etc.) by percentage. \_\_\_\_\_

\_\_\_\_\_

Gross Annual Revenues: United States: \$ \_\_\_\_\_  
Canada: \$ \_\_\_\_\_  
International: \$ \_\_\_\_\_

Please attach current financial statement or annual report

**4. Claim Information**

Has any insured been involved in a media liability lawsuit or claim, which has not yet been reported to the **Company**?

Yes  No

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

If the Insured has Subpoena Defense Coverage or is seeking to add this coverage, please attach detailed information regarding the circumstances of any subpoenas, which have not been reported.

**5. Other Information**

Advise of any other changes from the original Application that might affect this coverage:

\_\_\_\_\_

**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:**

Name \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Agency \_\_\_\_\_ Agency Tax Payer I.D. \_\_\_\_\_

Address \_\_\_\_\_ City and State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_