



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® Magazine Publisher 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. Scheduled Periodicals — Attach an additional sheet, if necessary.

Identify all periodicals to be insured. Include a current edition of any new publication to be added:

Name and Location	Circulation Area	Circulation # and Frequency	Years in Operation	Format
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Sources of Content — Please identify percentage of content contributed by:

Freelance Writers	_____ %	News/Feature Services	_____ %
Staff Employees	_____ %	Volunteers	_____ %
Stringers	_____ %		

4. Gross Annual Revenues: United States: \$ _____
 Canada: \$ _____
 International: \$ _____

Attach current financial statement or annual report.

5. 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 subpoena, which have not been reported.

6. Other Information

Advise of any other changes that have occurred since the preceding 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:

Agency/Producer _____ License No. _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____ Fax _____