



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® Multimedia 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. **Business Operations** — Advise of any changes in multimedia activities: _____

United States Gross Annual Revenues:

Book Publishing \$ _____ Radio Broadcasting \$ _____

Broadcast Programming \$ _____ Magazine Publishing \$ _____

TV Broadcasting \$ _____ Newspaper Publishing \$ _____

Other (Describe) \$ _____

Canadian Gross Annual Revenues:

Book Publishing \$ _____ Radio Broadcasting \$ _____

Broadcast Programming \$ _____ Magazine Publishing \$ _____

TV Broadcasting \$ _____ Newspaper Publishing \$ _____

Other (Describe) \$ _____

International Gross Annual Revenues:

Book Publishing \$ _____ Radio Broadcasting \$ _____
Broadcast Programming \$ _____ Magazine Publishing \$ _____
TV Broadcasting \$ _____ Newspaper Publishing \$ _____
Other (Describe) \$ _____

Please attach current financial statement or annual report and information regarding any new media entities.

3. 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.

4. Other Information

Advise of any other important changes that have occurred since the preceding or original Application:

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:

Agency/Producer _____ License No. _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____ Fax _____