

5. Claim Information

Has the 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 yet been reported.

6. 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:

Agency/Producer _____ License No. _____
Agency _____ Agency Tax Payer I.D. _____
Address _____ City and State/Province _____
Zip/Postal Code _____ Telephone _____ Fax _____