



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[®] Commercial Printing 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

Name of 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

A. Advise of any changes in printing operations: _____

B. Gross Billings: Printing \$ _____ Distribution \$ _____

Design \$ _____ Direct Mail \$ _____

Gross Annual Revenues: United States \$ _____ Canada \$ _____

International \$ _____

C. Identify types of printed materials by percentage of revenue.

Advertising/Publication Inserts	_____ %	Lottery Tickets	_____ %
Architectural Blueprints	_____ %	Mailing Labels	_____ %
Books	_____ %	Newsletters/Newspapers	_____ %
Brochures	_____ %	Pamphlets/Flyers	_____ %
Business Forms	_____ %	Package Design	_____ %
Catalogs	_____ %	Periodicals/Magazines	_____ %
Checks	_____ %	Phone Books/Directories	_____ %
Coupons	_____ %	Photocopy Services	_____ %
Event Tickets	_____ %	Promotional Games	_____ %
Financial Reports/SEC Filings	_____ %	Specialty Items	_____ %
Foil Stamping/Die Cutting	_____ %	Stationery	_____ %
General Printing	_____ %	Trade Show Materials	_____ %
Other	_____ %	Please Describe	_____

D. Cost of Average Print Job \$ _____

E. Percentage of print work provided camera-ready from client: _____%

F. Identify types of services by percentage of revenue:

Advertising	_____ %	Telemarketing	_____ %
Direct Mail	_____ %	Website Design	_____ %
Graphic Design	_____ %		_____ %
Other	_____ %	Please Describe	_____

3. Claim Information

Has the Insured been involved in a lawsuit or claim, which has not yet been reported to the **Company**, arising from commercial printing services? Yes No

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

4. Other Information

Advise of any other changes that have occurred since the preceding Application that might affect this coverage (provide copies of new broadcast or distribution contracts requiring coverage for the licensing rights period): _____

5. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report

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 _____

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.

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 _____