

# MUTUAL INSURANCE COMPANY LIMITED

P.O. Box HM 3212, Hamilton, HM NX, Bermuda (mailing address)

## APPLICATION FOR MEDIA LIABILITY INSURANCE

The undersigned hereby requests that Group Policy No. 2000 be extended to insure persons, firms and corporations hereinafter designated.

### STATEMENTS

1. The Persons, firms or corporations to be insured by the policy are: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of Current Carrier: \_\_\_\_\_ How Long Insured: \_\_\_\_\_

2. The amount of insurance desired per Event:                      The amount of retention desired per Event:

a.        \$500,000                      \_\_\_\_\_

a.        \$10,000                      \_\_\_\_\_

b.        \$1,000,000                      \_\_\_\_\_

b.        \$25,000                      \_\_\_\_\_

c.        \$2,000,000                      \_\_\_\_\_

c.        \$50,000                      \_\_\_\_\_

d.        \$5,000,000                      \_\_\_\_\_

d.        \$100,000                      \_\_\_\_\_

e.        \$10,000,000                      \_\_\_\_\_

e.        \$250,000                      \_\_\_\_\_

f.        \$15,000,000                      \_\_\_\_\_

f.        Other                      \_\_\_\_\_

g.        Other                      \_\_\_\_\_

Policy Type:    Claims Made                      \_\_\_\_\_    or    Per Occurrence                      \_\_\_\_\_

3. What specific coverage, endorsements, etc. are you requesting? \_\_\_\_\_

4. Effective date coverage required to commence: \_\_\_\_\_

5. Estimated gross annual revenue derived from each of the following for the current fiscal period.  
(Please provide company annual report, if available. Please provide annual budget if non-profit.)

Book Publishing                      \$ \_\_\_\_\_

Newspaper Publishing                      \$ \_\_\_\_\_

Magazine Publishing                      \$ \_\_\_\_\_

Broadcasting & Telecasting                      \$ \_\_\_\_\_

Program & Film Production                      \$ \_\_\_\_\_

Commercial Printing                      \$ \_\_\_\_\_

Internet and Web Site Activities                      \$ \_\_\_\_\_

Miscellaneous (Please describe)                      \$ \_\_\_\_\_

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6. List each publication, including newspapers, shoppers, guides, Internet web sites, etc., requiring coverage:

Name & Location	Type	No. of Days Published	Highest Average Circulation	% Ownership if less than 100%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Attach list for additional publications.

7. Is a Commercial Printing Business being conducted by the undersigned or the Newspaper(s)? **Yes** \_\_\_ **No** \_\_\_

If **Yes**, and you desire a quotation to include coverage for the Commercial Printing Business, give location of such business and annual gross commercial printing sales: \_\_\_\_\_

8. **Radio Broadcasting**

List stations owned or operated by applicant.

Call Letters	AM/FM	Location	Date Licensed	Highest 60 Second Advertising Rate*	Network Affiliation	(X)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* attach list for additional stations

(X) show average percentage of daily broadcasting which is network time.

9. **Television Broadcasting.**

List stations owned or operated by applicant.

Call Letters	Location	Date Licensed	Highest Advertising Rate* Per Hour	30 second spot	Network Affiliation	(X)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* attach list for additional stations

(X) show average percentage of daily broadcasting which is network time.

Cable TV Systems. Attach a completed Cable TV Systems Data Sheet for each system to be covered by the Broadcaster's Liability Endorsement.

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10. In the last 12 months, has any insurance company cancelled or refused to renew or declined to issue similar insurance for the applicant or any predecessor, subsidiary or affiliate thereof covering any of the media or operations listed in Statements 5, 6 and 7, except as follows: (If no exception, please state none) \_\_\_\_\_

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11. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last ten years for libel, slander or other forms of defamation, invasion or infringement of copyright, title or slogan, plagiarism or misappropriation of ideas under implied contract or any other act arising out of matter disseminated or exhibited in advertising, of any kind? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **Yes**, please give details on the attached claim sheet, or attach relevant loss run to application.

12. Please outline your pre-publication/broadcast content review process: \_\_\_\_\_

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13. Do you use internal counsel or outside counsel in this review process: \_\_\_\_\_

If outside Counsel, please give name of Attorney and Firm who handles this review: \_\_\_\_\_

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14. Do you utilize freelancers, stringers, or contractors as contributors to your media content? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you currently require the signing of a Freelancer's Agreement? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **Yes**, please attach copy of Freelancer's Agreement to application.

I/We declare that the information provided is accurate, true and correct and that all facts and matters, which may be relevant to the consideration of your application for insurance, have been disclosed.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note:** The insurance being applied for cannot be bound until after receipt of the Applicant's order based on the Company's quotation.

