



BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the entities or individuals stated in Question 1, Section I. GENERAL INFORMATION, below.
2. Provide a complete response to all questions and attach additional pages as needed.
3. The work means any book, play, journal or article to be insured and stated in Section II, question 4 of this Application.
4. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Copy of the manuscript of work;
 - Copy of the contract with publisher;
 - Copy of the reviewing lawyer's written opinion concerning the content of the work;
 - Copy of **Applicant's** federal income tax returns for the past two (2) years;
 - Detailed resume of the author's literary experience; and
 - Estimate of the author's current financial condition.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. The **Applicant** is:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held
<input type="checkbox"/> Partnership	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____	
5. Year established: _____
6. Number of years as an author: _____

II. SPECIFIC INFORMATION:

POLICY INFORMATION:

1. a. Coverage desired: Media Activities
 b. Limits of Liability desired:
 Each Claim or Related Claim: \$ _____
 Aggregate for all Claims and Related Claims: \$ _____
2. Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
3. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.



4. Title of book, play, journal or article (hereinafter collectively referred to as the "work") to be insured: _____

5. Synopsis of publication: _____

6. Scheduled or original date of publication: _____

7. Type of work: (check appropriate box)
- | | |
|---|--|
| <input type="checkbox"/> Fiction/Drama | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Current Autobiography | <input type="checkbox"/> Historical/Biographical |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Investigative Reporting/Expose | <input type="checkbox"/> Social/Political Commentary |
| <input type="checkbox"/> How-to-do-it | <input type="checkbox"/> Other (specify): _____ |

8. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so):
 Hardback: _____ Paperback: _____

9. Advance paid by publisher: \$ _____

10. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented? Yes No
 If No, please explain in detail: _____

11. Have written releases been obtained from persons or organization:

a. Appearing in photographs or artistic representations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Contributing material to the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Quoted or paraphrased?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If No, please explain in detail: _____

12. Name, address and telephone number of publisher: _____

13. Will work be self-published? Yes No
 If Yes, how will work be distributed? _____

SERIALIZATIONS, CONDENSED VERSIONS, REVISED EDITIONS & RELATED MATERIALS/ACTIVITES:

14. Will the work be serialized or published in a condensed version during the proposed policy term? Yes No
 If Yes, specify publication(s) and attach a copy of contract(s) with the publisher(s): _____

Estimated revenues: \$ _____

15. a. Will a revised edition of the work be published or distributed during the proposed policy term? Yes No
 If Yes, complete Question 15.b. below. Attach a copy of the revised work and a brief outline of revisions from the original work.



b. Number of copies to be printed/distributed in: Hardback: _____ Paperback: _____

16. Describe any related materials or activities contemplated in conjunction with the work (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.):

17. Has any actual or threatened claim or suit been made against **Applicant**, or any predecessor, subsidiary or affiliate thereof in the last five (5) years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; plagiarism, piracy or misappropriation of ideas under implied contract or any act, error or omission arising out of matter in any work of advertising, promotion or publicity relating thereto, or with respect to the work, or arising from Internet Activities? Yes No

18. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:

Years of experience in media law: _____

19. Please provide the following information for any similar prior or current coverage carried for the work (or state "none"):

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>

20. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 20.

Has the **Applicant** ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by the insurer? Yes No

If Yes, please attach an explanation.

FINANCIAL INFORMATION:

21. **Applicant's** estimated total gross annual sales or revenues for the coming year: \$ _____

22. Estimated assets of all **Applicant's** operations: \$ _____

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.



Chubb Group of Insurance Companies
15 Mountain View Rd.
Warren, NJ 07059

MEDIAGUARDSM by CHUBB
Media Liability Coverage for Authors
New Business Application

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Applicants: 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.

Notice to Louisiana and Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.



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Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date	Signature*	Title
_____	_____	<u>Authorized Representative</u>
_____	_____	<u>Authorized Representative</u>

*This Application must be signed by the sole proprietor, owner, president, or principal of the **Applicant** and his/her counsel (if applicable) acting as the Authorized Representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>		
Agent: _____	Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____
<u>Submitted By:</u>		
Agency: _____		
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____	
Address: _____		
City: _____	State: _____	Zip: _____