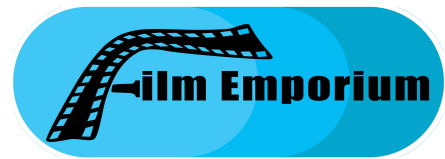


ADVERTISING AGENCY LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.



1. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation, and changes - refer to specimen policy.**

Street Address _____

City, State, Zip Code _____ Telephone Number _____

Web Site Address(es) _____

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which services are rendered and coverage is desired?
 Yes No If yes, please attach a list of entities for which coverage is desired.
NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____

B. Geographic area in which applicant operates:
___ Local ___ Regional (multi-state) ___ National ___ International

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
 Yes No

B. Does applicant wholly or partially own, operate, manage, or control any other businesses or entity(ies) not previously listed in Question 1 or 2?
 Yes No

If 4.A. or 4.B. are answered yes, provide complete details: _____

5. Within the past five years, has applicant:

A. Changed name? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated operations with another entity? Yes No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

6. Is applicant affiliated with any company, partnership, etc. for which services are rendered? Yes No
If yes, please specify: _____

7. A. List major clients and description of their business: _____

B. Do any of applicant's clients produce or manufacture: ___ Tobacco ___ Alcoholic beverages
___ Firearms ___ Pharmaceuticals

8. Is applicant a current member of the American Association of Advertising Agencies? Yes No
If yes, date of membership: _____

FINANCIAL INFORMATION

9. A. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy:**

	Past <u>12 Months</u>	Current <u>12 Months</u>	Estimate for <u>Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales, billings, fees, or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
Non-U.S. Operations			
Gross revenues, sales, billings, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with or controlled by applicant, **including all Advertising Agency entities or operations to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross capitalized billings and/or fees	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross capitalized billing and/or fees	\$ _____	\$ _____	\$ _____
Gross annual revenues	\$ _____	\$ _____	\$ _____

10. Provide the approximate percentage of gross revenues estimated for the coming year for the following activities:

Public relations consultant	_____ %	Mail order or catalog sales	_____ %
Printing	_____ %	Broadcasting	_____ %
Production of films, radio or television programs	_____ %	Package/display/product design	_____ %
Photo service	_____ %	Music service	_____ %
Promotions/sweepstakes development	_____ %	Market research	_____ %
Web site design	_____ %	Media buying	_____ %
Web hosting	_____ %	TOTAL	100 %

Please provide details. Add attachment, if necessary. _____

11. Estimated assets of all of applicant's operations: \$ _____
 Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

12. 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: _____

ADVERTISING PROCEDURES

13. A. Has applicant been cited by any regulatory agency for violations arising out of advertising activities? Yes No
 If yes, please explain: _____
- B. Is applicant a "full service" advertising agency? Yes No
 If no, state area of specialization: _____
- C. Does applicant obtain written releases with respect to creative material or talent from the following:
- | | | |
|--|------------------------------|-----------------------------|
| Employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Models? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Free-lance photographers, writers, composers, artists, musicians? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-professional persons appearing in commercials or advertisements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- D. Does applicant's contract always provide for client approval? Yes No
 Attach a specimen copy of client contracts.
- E. Does applicant desire coverage for infringement of trademark? Yes No
 If yes, please advise the following:
- 1) Does applicant develop product names? Yes No
 - 2) Does applicant develop package design? Yes No
 - 3) Does applicant develop display design? Yes No
 - 4) Does applicant perform trademark searches? Yes No
 If yes, describe procedures: _____
 - 5) Number of trademarks developed per year: _____

ADVERTISING PROCEDURES (cont'd)

	Yes	No
F. Does applicant desire coverage for optional Errors and Omissions coverage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please advise if applicant:		
1) Performs market research?	<input type="checkbox"/>	<input type="checkbox"/>
2) Engages in product testing?	<input type="checkbox"/>	<input type="checkbox"/>
3) Develops new products for clients?	<input type="checkbox"/>	<input type="checkbox"/>
4) Provides printing services or assumes liability for printing?	<input type="checkbox"/>	<input type="checkbox"/>
5) Develops promotions, sweepstakes, contests or games for clients?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide complete details: _____		

G. Is applicant engaged in any business other than as an advertising agency or public relations firm? Yes No
 If yes, please describe: _____

Include any other information relating to these activities on a separate sheet.

14. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five 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; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter disseminated or exhibited in advertising of any kind or in advertising services (advertising services include those services rendered or which should have been rendered by applicant in the development, placement or exhibition of advertising or promotional material) or arising from Internet activities?

Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

15. During the past three years, has any similar insurance been issued to applicant?

Yes No If yes, complete the following:

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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16. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)

Yes No If yes, give details. Add attachment if needed.

17. Policy limit required: \$ _____

18. Self-insured retention: \$ _____

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____ (please type or print)	Name _____ (signature of authorized representative)
Title _____	Date _____

- To complete this application, please submit:
- Copies of standard contracts with advertisers, clients, etc.
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
 - Advertising materials about applicant's operations
 - Experience resumé of key personnel if in business less than three years
 - Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.
 - Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence

Agent or Broker: Film Emporium
 Address, Zip Code: 1890 Palmer Ave, #403
 Larchmont, NY 10538
 Telephone: 914-833-2433
 Facsimile: 914-833-2430