

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 "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA 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:

- Whenever used in this Application, unless otherwise stated, the term "Applicant" means the Parent Organization and all of its Subsidiaries.
- Complete only those sections that are applicable to the Applicant, and check the appropriate box.
- For those Applicants only applying for Production Activities or Internet Activities coverage, please complete a separate application form for each. Do not complete this form.
- Attach a copy of the following:
 - x Current audited financial statement, annual report and/or 10K, or complete operating budget if Applicant is a non-profit organization;
 - x Experience resume of key personnel if in business less than three (3) years;
 - x Standard release forms;
 - x Company brochures or advertising materials, etc.;
 - x Brochure or list of current book titles, programming, etc.; and
 - x Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.

I. GENERAL APPLICANT INFORMATION (FOR ALL APPLICANTS):

- Name of Applicant : _____
- Address of Applicant : _____
City: _____ State: _____ Zip Code: _____ Telephone: _____
- Web address: _____
- The Applicant is: † Individual † Non-profit † Partnership
 † Corporation † Privately Held † Publicly Traded
 † Other: _____
- Year established: _____
- Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired? † Yes † No

If Yes, list all such locations on a separate sheet and attach it to this Application.

NOTE: Coverage is not afforded to any such entity unless it is scheduled in this section of the Application and specifically named as an Insured on the policy.

II. GENERAL POLICY INFORMATION (FOR ALL APPLICANTS):

- Coverage desired:
 - † Media Activities
 - † Covered Subpoena (for NewsMedia Organizations only)
 - † Production Activities (Please complete separate Application)
 - † Internet Activities (Please complete separate Application)

Limits of Liability desired:

Each Claim or Related Claim:



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Media Activities: \$ _____

Covered Subpoena: \$ _____

Aggregate for all Claims, Related Claims and Covered Subpoenas (if applicable): \$ _____

2. Retention Amount desired for each Claim or Related Claim:

† \$5,000 † \$10,000 † \$25,000 † \$50,000 † Other: \$ _____

3. Retention desired for each Covered Subpoena (if applicable):

† \$10,000 † Other: \$ _____

4. Co-insurance percentage desired for each Covered Subpoena, Claim or Related Claims:

Media Activities: † 20% † Other: _____%

Covered Subpoena: † 20% † Other: _____%

5. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the Applicant .

6. Describe Media Activities to be insured:

III. RISK MANAGEMENT PROCEDURES (FOR ALL APPLICANTS):

LEGAL AND EDITORIAL REVIEW:

1. Please provide the name, address, telephone number, and years of experience of the Applicant's in-house legal counsel:

2. Does the Applicant retain outside counsel for advice regarding potential liabilities arising out of newsgathering or out of the publication, production, dissemination or broadcast of material or content? † Yes † No

If Yes, please provide the following information for each outside counsel:

Name of firm: _____

Principal contact: _____

Years of experience: _____

3. a. Please describe the Applicant's policy and practice regarding review and editing of articles, broadcasts, or other communications prior to publication, including the names of the individuals conducting the review and their experience, as well as the procedures/guidelines for referring to outside counsel:

b. Please describe the Applicant's policy and practice regarding legal review of articles, broadcasts, or other communications prior to publication, including the name of the outside counsel, years of experience, and how often outside counsel is used to conduct reviews:

4. Please describe the Applicant's policy and practice regarding continuing education for staff on legal issues pertaining to libel, privacy, intellectual property, and related media and entertainment law:

5. Approximate percentage of all media for which Applicant is indemnified by another party: _____%



OTHER RISK MANAGEMENT:

6. Is any Covered Media published, broadcast, or otherwise communicated in a language other than English? † Yes † No

If Yes, please identify such Covered Media and the language used.

7. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? _____%

8. Describe Applicant's policy and practice regarding the processing of and response to requests for retraction or correction.

9. Does Applicant engage in any live programming? † Yes † No

If Yes, please describe the type of delay device utilized and Applicant's policy and practice regarding the use of such device.

10. List membership in industry groups or associations:

11. Editorial Procedures for Publishing Operations:

Please check: † Applicable † N/A (If N/A proceed to next section.)

a. Are editors familiar with current defamation and privacy law in all jurisdictions where your media is circulated? † Yes † No

b. Are letters-to-the-editor edited? † Yes † No

c. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies? † Yes † No

d. Are written releases obtained from persons appearing in photographs or from photo agencies? † Yes † No

e. Do free-lance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? † Yes † No

If Yes, please attach a copy of warranty.

f. Is a disclaimer issued with respect to technical information or advice? † Yes † No

g. Are titles of all publications cleared? † Yes † No

h. Are unsolicited articles or photographs accepted? † Yes † No

If Yes, please describe procedures for processing:

12. Programming/Operational Procedures for Broadcasting, Telecasting and Cablecasting:

Please check: † Applicable † N/A (If N/A proceed to next section.)

Please check: † Broadcasting † Telecasting † Cablecasting

a. Are news teams familiar with current defamation and privacy law in all jurisdictions where your media is circulated? † Yes † No



- b. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? † Yes † No
 - c. Do the news teams engage in "investigative" reporting? † Yes † No
If Yes, provide description of methods for documenting sources of information.
 - d. Are "action reporter" or similar consumer programs broadcast or telecast? † Yes † No
 - e. Does the Applicant engage in any of the following newsgathering practices:
 - Hidden cameras/microphones? † Yes † No
 - Reliance on anonymous sources? † Yes † No
 - "Undercover" investigations? † Yes † No
- If "Yes" to any of the items in Question 12.e. above, please describe the Applicant's policy and practice governing the use of such techniques:
-

- f. Do reporters participate in ride alongs with law enforcement, medical emergency services, private investigators, or any other ride alongs? † Yes † No
If "other" ride alongs, please explain: _____
- g. Are talk shows and interview programs pre-taped or pre-recorded? † Yes † No
- h. Do television news teams use "mini-cams"? † Yes † No
- i. Do any stations produce programming used by stations which Applicant does not own or operate? † Yes † No
- j. Are independent producers required to provide Applicant written hold harmless or indemnity agreements with respect to the programming they offer? † Yes † No
If Yes, please attach a copy of the agreement.
- k. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? † Yes † No
- l. Does Applicant pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? † Yes † No

13. Newspaper Publishing and NewsMedia Broadcasting Operations:

Please check: † Applicable † N/A (If N/A proceed to next section.)

Please check: † Newspaper Publishing † NewsMedia Broadcasting

- a. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? _____%
- b. Does Applicant obtain rights to future use of material supplied by stringers, freelancers, or other non-employees? † Yes † No
- c. Please describe the Applicant's policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement:

- d. Please describe the Applicant's policy and practice regarding indemnification or hold harmless agreements with third parties to whom the Applicant supplies content for publication or broadcast, and attach a sample of any standard indemnification or hold harmless agreement:



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e. List news feature services or syndicates used:

f. Please describe the Applicant's policy and practice regarding obtaining: (a) ownership of a copyright; (b) a license for the use of copyrighted content; and (c) other rights in the content of the material supplied by stringers, freelancers or other non-employees. Attach samples of any standard agreement used in connection with the above, including but not limited to any standard "work made for hire" licenses and any hold harmless or indemnification agreements:

g. In connection with Question 13.f. above, please describe: (a) when the Applicant instituted its current policy and practice; and (b) any policy and practice replaced by the current policy and practice:

h. Please describe any past, current, or anticipated future electronic publication, electronic dissemination, or electronic reproduction of any content by Applicant (or any current or anticipated future discontinuation of such publication, dissemination, or reproduction), including but not limited to the use by the Applicant of any electronic archive, database, CD-ROM, internet, email or other electronic means or any future medium that may enable such dissemination:

i. What percentage of the content described in Question 13.h. above was, is, or is anticipated to be supplied by stringers, freelancers or other non-employees?

Past: _____% Current: _____% Anticipated Future: _____%

j. What percentage of the content described in Question 13.h. above was, is, or is anticipated to constitute a reproduction of a contribution to a collective work?

Past: _____% Current: _____% Anticipated Future: _____%

IV. FINANCIAL INFORMATION (FOR ALL APPLICANTS):

Note: Financial Information for Media Liability Coverage for Authors, Distributor Liability and Music Liability Should be Completed Separately Under the Media Liability Coverage for Authors Application, as well as the Supplemental Applications for Distributor Liability and Music Liability.

1. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by Applicant, derived from the following media activities to be covered by the proposed policy:

TOTAL ANNUAL OPERATING SALES/REVENUES			
Activity For Which Coverage Is Sought:	Past 12 Months	Current 12 Months	Estimate for Coming Year
1. Advertiser Liability:	\$ _____	\$ _____	\$ _____
2. Advertising Agency Liability:	\$ _____	\$ _____	\$ _____
3. Book publishing:	\$ _____	\$ _____	\$ _____
4. Broadcasting (Radio):	\$ _____	\$ _____	\$ _____
5. Broadcasting (Television):	\$ _____	\$ _____	\$ _____



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6. <u>Cablecasting:</u>	\$ _____	\$ _____	\$ _____
7. <u>Magazine or Periodical Publishing:</u>	\$ _____	\$ _____	\$ _____
8. <u>Newspaper Publishing:</u>	\$ _____	\$ _____	\$ _____
9. <u>Miscellaneous: please describe:</u> _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

2. Estimated total gross annual operating sales or revenues, by geographic breakdown, for the coming year for media activities to be covered by the proposed policy :

GEOGRAPHIC BREAKDOWN BY PERCENTAGE OF GROSS ANNUAL REVENUE:			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. United States:	\$ _____	\$ _____	\$ _____
2. Canada:	\$ _____	\$ _____	\$ _____
3. United Kingdom:	\$ _____	\$ _____	\$ _____
4. Australia:	\$ _____	\$ _____	\$ _____
5. Asia:	\$ _____	\$ _____	\$ _____
6. Europe:	\$ _____	\$ _____	\$ _____
7. Other countries – specify: _____	\$ _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____	\$ _____

V. COVERED MEDIA/OPERATIONS INFORMATION: (Only complete applicable section(s) and add attachments, if needed.)

A. ADVERTISER LIABILITY COVERAGE:

Please check: † Applicable † N/A If N/A proceed to next section.

1. Describe the nature of Applicant's business and the types of products or services Applicant provides:

2. List advertising agency(ies) used:

3. Please check the appropriate box for each of the following:

- a. Does Applicant operate an in-house advertising agency? † Yes † No
- b. Does Applicant engage in comparative advertising? † Yes † No
- c. Are written hold harmless or indemnity agreements required from advertising agencies and the media? † Yes † No



- d. Are advertising agencies and the media required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? † Yes † No
- e. If employees make creative contributions to advertising, are written releases obtained from these employees? † Yes † No
- f. Does Applicant develop product names, package design or display designs? † Yes † No
 If Yes, please describe procedures for trademark searches:

g. Has Applicant been cited by any regulatory agency for violations arising out of its advertising activities? † Yes † No

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

_____ % Radio	_____ % Magazines	_____ % Billboards
_____ % Television	_____ % Catalog/Mail orders	_____ % Newspapers
_____ % Internet	_____ % Flyers	_____ % Other – specify: _____

5. Provide the amount the Applicant spends advertising its products and services (gross advertising expenditures): \$ _____

6. Attach the following:

- Standard client contract for advertising activities;
- Standard client contract for web site design/development activities; and
- Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.

B. ADVERTISING AGENCY LIABILITY COVERAGE:

Please check: † Applicable † N/A If N/A proceed to next section.

1. Describe nature of Applicant's business, including any areas of specialization:

2. List major clients and description of their business:

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

_____ % Public relations consultant	_____ % Mail order catalog
_____ % 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	_____ % Direct marketing
_____ % Publishing	_____ % Comparative advertising
_____ % Product testing	
_____ % Live Events	
_____ % Other – specify: _____	

4. a. Has Applicant been cited by any regulatory agency for violations arising out of advertising activities? † Yes † No

If Yes, please explain: _____



- b. Does Applicant obtain written releases with respect to creative material or talent utilized in advertising?
c. Does Applicant's contract always provide for client approval?
d. Does Applicant develop product names, package design or display designs?
If Yes, please describe procedures for trademark searches:

- 5. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers or other non-employees?
6. Please describe the Applicant's policy and practice regarding hold harmless or indemnification agreements with stringers and freelancers, and attach a sample of any standard indemnification or hold harmless agreement.

- 7. Attach the following:
x Standard client contract for advertising activities;
x Standard client contract for web site design/development activities; and
x Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.

C. BOOK PUBLISHING LIABILITY COVERAGE:

Please check: † Applicable † N/A If N/A proceed to next section.

- 1. Type of books published: (Please provide approximate percentage of revenues for each of the following categories.)
% Textbooks % Poetry
% Children's % How-to-do-it
% Current, biography, autobiography % Technical
% History, biography % Religious
% Investigative reporting, exposé % Social, political commentary
% Classics % Celebrity
% Fiction % Other - specify:
100% TOTAL

- 2. For current fiscal year, specify number of:
Original titles: Reprints: Titles distributed for others:
3. Percentage of indemnification provided by author through publishing contract: %
4. Are authors required to provide evidence of insurance with respect to content provided? † Yes † No
If Yes, please complete a separate application.
5. Attach the following:
x Brochure of current titles or book order list;
x Description of standard procedures for checking originality, works, accuracy of content, title clearance, etc.;
x Copy of standard publisher-distributor agreement; and
x Copy of standard contract with authors.

D. BROADCASTER LIABILITY COVERAGE:

Please check: † Applicable † N/A If N/A proceed to next section.



RADIO BROADCASTING:

1. a. Covered Media: List all radio stations owned or operated by Applicant (attach separate sheet, if necessary).

Call Letters	AM/FM	Location & Geographic Market	Date Licensed	% Simulcast / Fully Automated	Estimated Number of Listeners	Highest 60-second Advertising Rate
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

- b. Briefly describe station format or type of programming:

TELEVISION BROADCASTING:

2. a. Covered Media: List all television stations owned or operated by Applicant (attach separate sheet, if necessary):

Call Letters	Location & Geographic Market	Date Licensed	Estimated Number of Viewers	Highest Advertising Rate per Hour	Highest 30-second Spot Rate	Number of Subscribers
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

- b. Briefly describe station format or type of programming:

CABLECASTING:

3. a.

Name of System	Location(City/State)	Number of Subscribers
_____	_____	_____
_____	_____	_____

- b. Market classification: _____

- c. Does system originate any programming? † Yes † No

If Yes, please provide the following information:

Type	Number of hours per week	Gross receipts derived from syndication
_____	_____	_____
_____	_____	_____

4. Attach the following:

- x Specimen contract(s) used with advertisers and other third party content providers.
- x Description of standard clearance procedures for checking originality and accuracy of content, title clearance, copyright clearance, and ensuring authorized use of name and likeness, film clips and music.

E. MAGAZINE & PERIODICAL PUBLISHER LIABILITY COVERAGE:

Please check: † Applicable † N/A If N/A proceed to next section.



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1. a.

Name of Publication	Location (City/State)	Date First Published	Average Circulation	Frequency of Publication	Type of Publication
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Check primary circulation area:

International
 National
 Rural
 Suburban
 Metro
 Regional
 Campus
 Controlled Circulation
 Other – specify: _____

2. Attach the following:

- One copy of each publication or a manuscript if publication is to be released into circulation in the next 90 days as a new offering; and
- Specimen contract(s) used with advertisers and other third party content providers.

F. NEWSPAPER PUBLISHING COVERAGE:

Please check: Applicable N/A If N/A proceed to next section.

1. a. Please list all print publications for which coverage is sought and identify the frequency of publication (e.g., daily, weekly), average circulation, and geographical market served:

Name of Publication	Location (City/State)	Date First Published	Average Circulation	Frequency of Publication	Type of Publication
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b. Check primary circulation area:

International
 National
 Regional
 Metro
 Suburban
 Rural
 Campus
 Controlled Circulation
 Shopper
 Web Site
 Other – specify: _____

2. Has the Applicant obtained the advice of in-house or outside counsel regarding its past, current, or anticipated future policy and practice regarding electronic reproduction? Yes No
 If Yes, please explain:

3. Attach the following:

- Copies of standard contracts/hold harmless agreements with advertisers and advertising agencies; and
- Copy of current rate cards for covered broadcast stations.

G. AUTHOR LIABILITY COVERAGE:

1. Is Applicant an author seeking coverage for a book, play, journal or article? Yes No
 If Yes, please complete the Author Liability Supplemental Application.

H. DISTRIBUTOR LIABILITY COVERAGE:

1. Does Applicant : (i) plan to distribute and exhibit productions to be insured? Yes No
 If Yes, please complete the Distributor Liability Supplemental Application.

I. MUSIC LIABILITY COVERAGE:

1. Does Applicant perform, record, publish or write music, or distribute or produce audio recordings? Yes No
 If Yes, please complete the Music Liability Supplemental Application.

VI. MISCELLANEOUS: Please check: Applicable N/A If N/A proceed to next section.



1. Other published materials: (i.e., charts, graphs, maps, audio-visual aids, greeting cards, brochures, etc.)

Type:

VII. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE (FOR ALL APPLICANTS):

1. Does the Applicant have media liability insurance currently in force? † Yes † No
 a. If Yes to Question 1, is Advertising Injury coverage included? † Yes † No
 b. If Yes to Question 1, complete the chart below for the past five (5) years:

LIABILITY INSURER	POLICY PERIOD	LIMITS	DEDUCTIBLE	PREMIUM	# CLAIMS
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.

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.

3. Does the Applicant maintain a comprehensive general liability policy? † Yes † No
 If Yes, please provide the following information:

Name of Insurer: _____

Policy Period: _____ Limit: _____

Is Personal Injury coverage included? † Yes † No

Is Product Liability coverage included? † Yes † No

LOSS HISTORY:

4. In the past ten (10) years, has the Applicant or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? † Yes † No

If Yes, please describe in detail the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition:

5. Please attach a list (including the status) of all media liability claims made during the past five (5) years against the Applicant or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the Applicant, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.
 If none, please check here: † None



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- 6. a. In the past five (5) years, how many subpoenas have been served on the Applicant , seeking documents or information obtained in the course of newsgathering activities? _____
- b. Of these, how many times has the Applicant challenged the subpoena by filing a motion in court? _____
- c. Please provide a list detailing all Defense Costs incurred in connection with each separate challenge to a subpoena listed in Question 6.b. above:

- 7. After inquiry, do any of the principals, partners, officers, directors, or employees of the Applicant or any other proposed insured have knowledge or information about any facts, circumstances or situations which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? † Yes † No
- If Yes, please provide full details:

Without prejudice to any other rights and remedies of the Company, the Applicant understands and agrees that any claim arising from any facts, circumstances, situations or claims required to be disclosed in response to questions 4, 5, 6, and 7 above is excluded from the proposed insurance.

VIII. 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.

IX. 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.

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, Louisiana, Maryland, 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: **ARNING:** 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.



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Notice to Florida and 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 (in Oklahoma) or a felony of the third degree (in Florida).

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 false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

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 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 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.

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>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the Applicant 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: _____