

PERSONAL APPEARANCE AND CELEBRITY 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 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. Applicant is a: Corporation Partnership Joint Venture Individual Other (specify) _____

7. Describe the nature of applicant's business and the types of services applicant renders.

PUBLIC SPEAKING ENGAGEMENTS, SPEECHES, PANEL DISCUSSIONS, SEMINARS

8. A. Number of appearances per year: _____

B. Type of content: _____

C. Format or description of participation: _____

PERSONAL APPEARANCES ON RADIO, TELEVISION OR CABLE TELEVISION PROGRAMS

9. A. Number of appearances per year: _____

B. Type of content: _____

C. Format or description of participation: _____

ASSIGNMENTS AS EDITOR, CONTRIBUTING EDITOR, GUEST OR FREE-LANCE WRITER OR PUBLICATIONS CONSULTANT

10. A. Number of articles published per year as: Editor _____ Contributing editor/author _____ Guest writer _____ Free-lance writer _____
- B. For which publications does applicant serve as a public consultant? _____
- C. What is applicant's general subject matter? _____

ADVERTISEMENTS IN ANY MEDIUM IN WHICH APPLICANT APPEARS AS AN ACTOR, ANNOUNCER OR ENDORSER OF ANY PRODUCT OR SERVICE

11. A. Number of appearances per year: _____
- B. List clients: _____

OTHER PERTINENT INFORMATION RELATING TO APPLICANT'S ACTIVITIES

12. Describe: _____

FINANCIAL INFORMATION

13. 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.

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales, 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 Personal Appearance 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 revenues, sales, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
1) Public speaking engagements, speeches, panel discussions, seminars	\$ _____	\$ _____	\$ _____
2) Personal appearances on radio, television or cable television programs	\$ _____	\$ _____	\$ _____
3) Editor, contributing editor, guest, free-lance writer or publications consultant	\$ _____	\$ _____	\$ _____
4) Advertisements in any medium as actor, announcer or endorser of a product or service	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
1) Public speaking engagements, speeches, panel discussions, seminars	\$ _____	\$ _____	\$ _____
2) Personal appearances on radio, television or cable television programs	\$ _____	\$ _____	\$ _____

FINANCIAL INFORMATION (cont'd)

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
3) Editor, contributing editor, guest, free-lance writer or publications consultant	\$ _____	\$ _____	\$ _____
4) Advertisements in any medium as actor, announcer or endorser of a product or service	\$ _____	\$ _____	\$ _____

14. 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.

15. Named, 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: _____

16. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliated 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; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter published, printed, distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised 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?

17. During the past three years, has any similar insurance been issued to applicant?
 Yes No

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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18. 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.

19. Policy limit required: \$ _____ 20. 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 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 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 producers, publishers, associations, agents, advertising agencies, etc.
 - Experience resumé for the above activities
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
 - Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence

Agent or Broker:

 Address, Zip Code:

 Telephone:

 Facsimile: