



**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:

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries, unless otherwise stated.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For MediaSM* By Chubb Application if unauthorized internet access coverage is requested;
 - Standard forms of agreement utilized by **Applicant**;
 - Any hold harmless agreement(s) **Applicant** has entered into for any Internet Activity;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization; and
 - Experience resume(s) of IT support team of **Applicant**.
4. Please return the completed Application to: **Waltery Insurance Brokers**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

I. GENERAL APPLICANT INFORMATION: Please Note – If the information below was previously supplied under another media application, please supply name and date of other application and proceed to the next section:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name, Address and Title of Primary Contact:

 City: _____ State: _____ Zip Code: _____ Telephone: _____
5. The **Applicant** is: Individual Non-profit
 Corporation Privately Held
 Partnership Publicly Traded
 Other: _____
6. Year established: _____
7. Number of years operated under present ownership: _____
8. 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 entity not scheduled in this section of the Application and not specifically named as an Insured on the policy.

9. a. Is **Applicant**: (i) wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 8, or (ii) does **Applicant** wholly or partially own, operate, manage or control any other businesses not previously listed in Question 1 or 8? Yes No

If Yes to either Question 9.a. (i) or (ii) above, provide complete details:

- b. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? Yes No

If Yes, please attach an explanation.

If Yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain:

II. SPECIFIC INFORMATION:

POLICY INFORMATION:

1. Coverage desired: Internet Activities
 Limits of Liability desired:
 Each Claim or Related Claim: \$ _____
 Aggregate for all Claims and Related Claim: \$ _____
2. Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
3. Co-insurance percentage desired for Internet Activities:
 20% Other: _____% N/A
4. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.
5. **Applicant's** projected annual gross revenues for the current calendar year: \$ _____
6. **Applicant's** projected annual gross revenues from the internet site(s) for which coverage is sought: \$ _____

INTERNET ACTIVITIES:

7. Please identify the top five (5) internet site(s) by "hits" or "related to your largest Gross Revenue producing properties" for which coverage is sought, the date each site first went on-line, and the average number of page views per month:

Internet Site (including URL)	Date On-Line	Average Page Views Per Month
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



IMPORTANT: If any of the above sites are not yet on-line, please attach a complete description of the proposed site(s), the anticipated launch date and an estimated number of monthly page views (if known).

8. Does **Applicant** own a federally registered trademark in its domain name? Yes No
 If No, has **Applicant** conducted a trademark search to determine whether its domain name infringes a trademark held by a third party? Yes No
9. Do any of **Applicant's** internet sites contain any of the following content, transact business in any of the following areas, or sell/make available any of the following products or services:
- a. Pornographic material or other material of a sexually explicit nature? Yes No
 - b. Medical records or other health care information pertaining to specifically identifiable patients? Yes No
 - c. Financial services, including banking, insurance, or investment services? Yes No
 - d. Gambling, lotteries or other games of chance? Yes No
 - e. Professional services, such as legal services, accounting services, medical services or other services which must be provided by licensed professionals? Yes No
 - f. Music available to be downloaded by users? Yes No
 - g. Film or video available to be downloaded by users? Yes No

PLEASE NOTE: If **Applicant** answered Yes to any of the foregoing, **Applicant** may be ineligible for Internet Liability Coverage.

10. Does **Applicant** collect personal information (names, addresses, etc.) about visitors to **Applicant's** internet site(s)? Yes No
 If Yes, does **Applicant** sell or otherwise disclose this personal information to third parties? Yes No
 If Yes to either of the foregoing questions, does **Applicant** disclose these activities to visitors to **Applicant's** site(s)? Yes No
11. Is electronic commerce conducted on any of **Applicant's** internet sites? Yes No
 If Yes, are the transactions encrypted? Yes No
 If Yes, does **Applicant** process the transactions itself (as opposed to using an independent contractor)? Yes No
12. Does **Applicant** provide links on any of its internet sites to internal pages of other sites? Yes No
 If Yes, does **Applicant** obtain written permission from the operators of such other sites? Yes No
13. Does **Applicant** sell advertising space on any of its internet sites? Yes No
14. Does **Applicant's** internet site(s) contain any of the following:
- a. Blogs? Yes No
 If Yes, are the blogs:
 - (i) interactive? Yes No
 - (ii) written by employees? Yes No
 - (iii) written by the general public? Yes No
 - (iv) written by independent contractors/third parties? Yes No
 If Yes to Question 14.a.(iv) above, please describe any hold harmless agreements entered into between **Applicant** and independent contractors/third parties relating to the blogs:



- b. Chat room(s)? Yes No
 If Yes, are the chat rooms monitored? Yes No
 If so, by whom? _____
 If Yes to Question 14.b., please describe all details relating to the chat room(s):

15. Does **Applicant** utilize any proprietary software in the operation of any of its internet sites? Yes No
 16. Does **Applicant** provide software on any of its internet sites that can be downloaded by users? Yes No
 If Yes, does **Applicant** own all of the rights necessary to disseminate this software? Yes No
 17. What percentage of the content on **Applicant's** internet site(s) is obtained from third parties? _____%
 18. With respect to the internet content that **Applicant** obtains from third parties:
 Does **Applicant** obtain written permission from such third parties? Always Sometimes Never
 Does **Applicant** obtain written indemnification agreements from such third parties? Always Sometimes Never
 If **Applicant** answered Sometimes to either of the foregoing questions, please explain its policy regarding use of third-party content:

19. What percentage of the monthly page views on **Applicant's** internet site(s) originates from outside the United States and Canada? _____%

RISK MANAGEMENT:

20. Does **Applicant** use third-party trademarks on its internet site(s) solely in order to increase the number of hits to its site(s)? Yes No
 21. Does **Applicant** have a privacy policy posted on all of its internet site(s)? Yes No
 If Yes, has the privacy policy been reviewed by counsel? Yes No
 22. Does **Applicant** have a written policy and procedure regarding the posting of content on the internet site(s) identified in this Application? Yes No
 23. Does **Applicant** require review of content by legal counsel or by management for potential legal exposures prior to allowing that content to be posted on its internet site(s)? Yes No
 24. Does **Applicant** have "take-down" procedures in place for removing from its internet site(s) any content that infringes or potentially infringes on copyrights held by third parties? Yes No
 25. With regard to blogs and/or chat rooms, is **Applicant** familiar with the protections afforded by the Communications Decency Act and the Digital Millennium Copyright Act? Yes No
 If Yes, does **Applicant** utilize the protections offered by both Acts? Yes No
 Please describe:

OPTIONAL COVERAGES (additional premium will apply):

26. Does **Applicant** desire coverage for the content of email originating from it or its employees? Yes No
 If Yes, please identify the domain name from which all such email originates:

 Does **Applicant** have written guidelines regarding appropriate use of company email? Yes No



27. Does **Applicant** desire coverage for any other publications or communications, not identified above? Yes No

If Yes, please attach copies, or describe such publications or communications if copies are not available:

III. PRIOR INSURANCE, OTHER INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

1. Does the **Applicant** have internet liability insurance currently in force? Yes No

a. If Yes to Question 1, are Advertising Injury included? Yes No

b. If Yes to Question 1, complete the chart below for the past five (5) years:

<u>LIABILITY INSURER</u>	<u>POLICY PERIOD</u>	<u>LIMITS</u>	<u>DEDUCTIBLE</u>	<u>PREMIUM</u>	<u># CLAIMS</u>
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____

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

Has the **Applicant** ever had an application for internet liability insurance declined, or had an internet liability policy canceled or non-renewed by an 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 or infliction of emotional distress? Yes No

If Yes, please attach a description detailing 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 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



6. 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 act, error or omission 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 attach a description which provides full details.

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

IV. 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.

V. 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: 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 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.



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

MEDIAGUARDSM by CHUBB
 New Business Application
 for Internet Liability Coverage

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

Chief Executive Officer

Chief Financial or Chief
Information Officer

*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.

Waltery Insurance Brokers

7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.waltery.com • Email media@waltery.com

Produced By:

Agent: _____ Agency: _____

Agency Taxpayer ID or SS No.: _____ Agent License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Do Not Complete-Waltery Use Only

Date Paid:	_____	Policy Number:	_____
Amount Paid:	_____	Annual Premium:	_____
Check Number:	_____	Policy Dates:	_____