



BY COMPLETING THIS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "UNDERWRITER")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR "DEFENSE EXPENSES" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

1. Whenever used in this Application, the term "**Applicant**" shall mean "the Company and all subsidiaries".
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

3. Please return completed application to:



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

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Legal Name(s) of **Applicant** (if corporation, corporate name; if partnership, name of partners and trade name of partnership; if individual, name of owner):

2. Corporation Partnership Joint Venture Individual Other: _____

3. Address of **Applicant**: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ NNA Membership #: _____

E-Mail Address: _____

4. Name and Address of Primary Contact: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____



II. SPECIFIC INFORMATION:

1. **Please attach two consecutive current editions of all publications to be insured.**
2. a) Limit of Liability Requested: \$ _____
 b) Retention Requested: \$ _____
3. Policy Period Requested:
 From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.
4. Does the **Applicant** participate in either of the following hotlines?
 a) State Press Association Hotline Membership Yes No
 b) NNA Hotline Membership Yes No
5. Does the **Applicant** utilize an experienced law firm to review sensitive articles or advise the **Applicant** on retraction demands or other issues? Yes No
6. Publications/Publishing Activities

Publication Name	Primary Distribution Area (local, state, regional, national)	Date Acquired	Circulation Frequency	Average Circulation	% of Duplication

7. Does the **Applicant** have commercial printing operations? Yes No
 If "YES", trade name _____
8. Does the **Applicant** provide audiotext transmissions? Yes No
 If "YES", trade name _____
9. Does the **Applicant** have a Web Page? Yes No
 a) If "YES", provide web address: _____
 b) Does the **Applicant's** contract with freelancers contain electronic publishing rights? Yes No
 c) Do articles appear which predate electronic publishing rights contracts? Yes No
10. Has any actual or threatened claim or suit been made against the **Applicant**, or the **Applicant's** publication in the last five years arising out of newspaper publishing operations including but not limited to obtaining, gathering, reporting or disseminating matter in newspaper, teletext, videotext, audiotext, or commercial printing operations, or any advertising related thereto? Yes No



If "YES", provide complete details. Include type of claim, detail of offending matter, name of claimant, amount of defense costs, judgment or settlement and final disposition of claim or legal status. Attach separate sheet if necessary.

11. During the past three years, has any similar insurance been issued to the **Applicant** or any of the **Applicant's** publications? Yes No
 If "YES", complete below.

Insurance Company	Policy Type (Claims Made/Occurrence)	Limits	Deductible	Coverage Dates	Premium

MISSOURI APPLICANTS/AGENTS: DO NOT ANSWER QUESTION 12.

12. Has any underwriter declined, cancelled, or refused to renew any similar insurance issued to the **Applicant** or the **Applicant's** publication? Yes No
 If "YES", provide details (attach separate sheet if necessary).

III. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS:

1. No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE _____ or _____

Without prejudice to any other rights and remedies of the Underwriter, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Underwriter.

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 Underwriter 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 Underwriter 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 Underwriter 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 that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Underwriter will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Underwriter 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 insurance company, 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, Maine, Tennessee and Virginia 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 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 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 New York and 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date	Signature*	Title
_____	_____	<u>President</u>

*This Application must be signed by the President of the Company acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

WALTERRY INSURANCE BROKERS

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

Produced By: Agent: _____ Agency: _____

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

Address (Street, City, State, Zip): _____

Do Not Complete-Walterry Use Only

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