



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

MEDIAGUARDSM by CHUBB
 Television and Radio Risk Purchasing Group
 Producers of Public Broadcasting Programming
 New Business Application

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 "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.
- Include all requested underwriting information and attachments. Please provide a complete response to all questions and attach additional pages if necessary.
- Please return 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:

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

- Address of **Applicant**:

 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____
- The **Applicant** is: Individual Corporation Partnership
 Other: _____
- Name and Address of Primary Contact:

 City: _____ State: _____ Zip Code: _____ Telephone: _____
 E-Mail Address: _____

II. GENERAL POLICY INFORMATION:

- Limits of Liability desired:
 Each Claim or Related Claim: \$ _____
 Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ _____
- Retention Amount desired for each Claim or Related Claim:
 \$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____
- Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.



4. Please provide the year established: _____
 If less than five years, please attach detailed resumes.
5. Please answer the following questions regarding the **Applicant's** programming:
- a. Anticipated operating budget for the coming year with respect to programming: \$ _____
 - b. Number of hours of originally produced programming by the **Applicant** per week: _____
 - c. Number of hours of originally produced programming by others per week: _____
 - d. Number of stations to which programming is distributed: _____
 - e. Type of programming for the coming year (please provide approximate percentages for each):
 News _____% Documentary _____% Sports _____% Investigative Series _____%
 Cultural _____% Educational _____% Other (describe): _____%
6. If coverage is desired for a single production or series, please complete the following:
- a. Title of production/series to be insured: _____
 - b. Number of segments per week: _____
 - c. Number of minutes per segment: _____
 - d. Name of producer: _____
 - e. Name of executive producer: _____
 - f. Name of author or writer: _____
7. Please answer the following questions about the **Applicant's** procedures:
- a. Have all licenses and consents been obtained:
 - (i) From copyright owners? Yes No
 - (ii) From music owners? Yes No
 - (iii) From performers or persons appearing in the film? Yes No
 - (iv) From writers and/or others? Yes No
 - b. Have musical rights been obtained? Yes No
 - (i) Including recording and synchronization rights? Yes No
 - (ii) Including performing rights? Yes No
 - c. Will clearances be obtained if the name, voice or style of any living person is used or if any living person is portrayed (with or without use of name or likeness) in production? Yes No
 - d. Will clearances be obtained if any previously made video or film clips are used in production? Yes No
 - e. Does the **Applicant** require indemnification agreements from independent producers that provide programming to the **Applicant**? Yes No
 - f. Name of in-house counsel: _____
 Telephone number: _____
 Years of experience in media law: _____
 - g. Name of outside counsel: _____
 Telephone number: _____



Years of experience in media law: _____

h. **Please explain any "No" responses to the above questions:**

8. Please list previous production works: _____

9. Is optional coverage for contingent errors and omissions desired? Yes No

10. Is optional coverage for teleconferencing desired? Yes No

11. a. Is the **Applicant** aware that the coverage the **Applicant** is applying for responds only to programming distributed for non-commercial use? Yes No

b. Is optional coverage for commercial distribution desired? Yes No

12. Is the **Applicant** involved in any form of electronic information exchange through the Internet, a commercial on-line service or any electronic bulletin board system? Yes No

If Yes, attach description of activities.

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

14. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? _____%

III. PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:

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

b. Has the **Applicant** purchased any prior producers liability insurance on any production requesting coverage under this proposed policy? Yes No

If Yes to either, 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 producer liability insurance declined, or had a producer liability policy canceled or non-renewed by an insurer? Yes No

If Yes, please attach an explanation.

3. 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 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.

4. Please attach a list (including the status) of all producer 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

5. 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 3, 4 and 5 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.



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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

Chief Executive Officer

*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

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<u>Produced By:</u>		
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:	