

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.
2. Complete only those sections that are applicable to the **Applicant**, and check the appropriate box.
3. 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.*
4. Attach a copy of the following:
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
 - Experience resume of key personnel if in business less than three (3) years;
 - Standard release forms;
 - Company brochures or advertising materials, etc.;
 - Brochure or list of current book titles, programming, etc.; and
 - Copies of standard contracts with authors, free-lance writers, distributors, advertisers, actors, employees, etc.
5. Please return the completed Application to:

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

I. GENERAL APPLICANT INFORMATION (FOR ALL APPLICANTS):

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. The **Applicant** is:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____		
5. Year established: _____
6. 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.

7. 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 provide a summary description of due diligence performed in connection with potential liabilities and claims arising from the purchased, merged, consolidated or acquired entity. The summary description should be provided on a separate sheet and attached to this Application.

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 on a separate sheet and attach it to this Application.

II. GENERAL POLICY INFORMATION (FOR ALL APPLICANTS):

1. 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:

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):
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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. Additional Questions (FOR ALL APPLICANTS):

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:

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 or permission 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. Please describe the **Applicant's** policy and practice regarding (1) the review of licenses allowing the use of a third party's intellectual property in order to assure compliance with limitations on the term, or other scope of usage under the license, or (2) potential differences of opinion between licensor and licensee regarding limitations regarding the scope of the license. For example: Are tickler files used to monitor term limitations? Who has responsibility in your organization to spot and resolve anticipated differences of opinion about limitations on use that involve the scope of the license?

h. 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:

i. 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:

j. 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: _____%

k. 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:	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
1. Advertiser Liability:	\$ _____	\$ _____	\$ _____

2. Advertising Agency Liability:	\$ _____	\$ _____	\$ _____
3. Book publishing:	\$ _____	\$ _____	\$ _____
4. Broadcasting (Radio):	\$ _____	\$ _____	\$ _____
5. Broadcasting (Television):	\$ _____	\$ _____	\$ _____
6. Cablecasting:	\$ _____	\$ _____	\$ _____
7. Magazine or Periodical Publishing:	\$ _____	\$ _____	\$ _____
8. Newspaper Publishing:	\$ _____	\$ _____	\$ _____
9. Miscellaneous: please describe: _____	\$ _____	\$ _____	\$ _____
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? Yes No

c. Does **Applicant's** contract always provide for client approval? Yes No

d. Does **Applicant** develop product names, package design or display designs? Yes No

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:
- 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.

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:

- Brochure of current titles or book order list;
- Description of standard procedures for checking originality, works, accuracy of content, title clearance, etc.; and
- Copy of standard publisher-distributor agreement.

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:

- Advertising rate card or statement of current highest 60-second or hourly rate (such rates are auditable by insurance carrier).
- 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.

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.

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: _____

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

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 Alabama and Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Arkansas, 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 Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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 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.

Notice to Louisiana and Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 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.

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.

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

<u>Produced By:</u>		
Agent (Print & Sign): _____		
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:	