



AXIS INSURANCE

111 S. Wacker Dr., Ste. 3500
Chicago, IL 60606

Telephone: **(678) 746-9000** | Toll-Free: **(866) 259-5435** | Fax: **(678) 746-9315**

<https://www.axiscapital.com/insurance/professional-liability/miscellaneous-professional-liability>

AXIS HAS THE ABILITY TO OFFER COVERAGE ON AN OCCURRENCE FORM POLICY BASIS, ON A CLAIMS-MADE POLICY BASIS, AND WITH CLAIMS-MADE COVERAGES ATTACHED TO AN OCCURRENCE FORM POLICY.

SOLELY AS RESPECTS CLAIMS-MADE LIABILITY COVERAGES UNDER THE POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED: THIS INSURANCE POLICY MAY CONTAIN COVERAGES THAT ARE PROVIDED ON A CLAIMS-MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED TO THE INSURER AS SET FORTH IN THE REPORTING OF CLAIMS AND EVENTS SECTION. DEFENSE COSTS ARE INCLUDED IN THE LIMITS OF INSURANCE, AND PAYMENT THEREOF WILL ERODE, AND MAY EXHAUST, THE LIMITS OF INSURANCE.

NEW BUSINESS APPLICATION

- “Applicant,” herein refers individually and collectively to all proposed insureds. All responses shall be deemed made on behalf of all proposed insureds.
- This Application and all materials submitted herewith shall be held in confidence.
- The submission of this Application does not obligate the Applicant to buy insurance nor is the Insurer obligated to sell insurance or to offer insurance upon any specific terms requested.
- If the policy applied for is issued, this Application, which shall include all Supplemental Applications and material and information submitted in connection with this Application, will be deemed attached to and will form a part of the policy.

INSTRUCTIONS

- Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

PLEASE RETURN 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



APPLICANT INFORMATION

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

2. Address of Applicant: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

3. The Applicant is: Individual Corporation Partnership
 Other: _____

4. Name and Address of Primary Contact: _____

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

E-Mail Address: _____

GENERAL POLICY INFORMATION

1. Limits of Liability desired:

Occurrence for Each Claim : _____

Aggregate for all Claims: _____

2. Retention Amount desired for each Claim or Related Claim:

\$5,000 \$10,000 \$25,000 \$50,000 Other: \$_____

3. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the Applicant.

4. Please provide the date founded: _____

If less than five years, please attach detailed resumes of senior management.

5. Call letters of stations:

STATION TYPE(TV/RADIO)	CALL LETTERS	ANNUAL OPERATING BUDGET (per station)	AVERAGE POPULATION SERVED (per station)	TYPE OF STATION (Transmitting, Independent Translator, or Related Translator)



6. Translators: **All translators must be listed in order for coverage to apply.**

- a. Does the Applicant own any translator stations? Yes No
If Yes, state name and address of each:

- b. Has the Applicant contracted with any translator to provide a signal? Yes No
If Yes, state name and address of each:

7. Please complete the following with regard to the Applicant's programming:

- a. Average number of total hours broadcast each week (each station): _____

- b. Average number of hours of original programming distributed to others each week (each station):

- c. Is the Applicant part of any city, state or private public broadcast consortium or network? Yes No
If Yes, explain: _____

- Does the consortium or network provide their own coverage? Yes No

- d. Does the Applicant require indemnification agreements from independent producers that produce programming for Applicant? Yes No
If No, explain: _____

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

- 9. Is optional coverage for teleconferencing desired? Yes No

- 10. Will any revenues be derived from the sale of books or periodicals? Yes No

If Yes, please provide:

- a. Estimated amount of revenues: \$ _____

- b. Name of Publication: _____

- 11. 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.

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

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



RISK MANAGEMENT PROCEDURES

1. Do you have a Risk Manager? Yes No

If Yes, name of Risk Manager: _____

2. Does Applicant use an in-house legal department? Yes No

If yes, Applicant's attorney (individual's name): _____

Years of media law experience: _____

Phone: _____ Fax: _____ Email: _____

3. Does Applicant utilize an outside law firm with respects to media liability issues? Yes No

If yes, Applicant's attorney (individual's name): _____

Firm name and address: _____

Years of experience: _____

Phone: _____ Fax: _____ Email: _____

4. Describe your procedures for utilizing outside law firms with respect to media liability issues including pre-broadcast review and post-broadcast issues or claims:

5. Do you have formalized, written guidelines for handling requests for retractions and corrections? Yes No

If yes, describe : _____

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

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

a. Do all independent contractors enter into a contract with the Applicant? Yes No

b. Does the Applicant's contract with freelances contain an indemnity agreement in your favor with respect to claims arising from the matter/content provided to you by independent contractors? Yes No

c. Does the Applicant's contract with freelancers contain electronic publishing rights? Yes No

d. Do you require indemnities in your favor to be backed up by insurance? Yes No

8. Describe your procedures to ensure the accuracy and originality of matter / content created for you by independent contractors: : _____

9. Do you accept unsolicited matter/content? Yes No

If yes, describe your process for evaluating and documenting the receipt of unsolicited matter/content: _____



10. Do you engage in investigative reporting or exposures? Yes No
 If yes, describe: _____
 a. Do you rely on confidential sources? Yes No
 If yes, describe your editorial process: _____
 b. Describe your practices for documenting sources of information: _____
 c. Do you use hidden camera or microphones, go undercover or use other methods of surreptitious information gathering? Yes No
 If yes, describe and how often: _____
 d. Do you participate in "ride-along" with law enforcement, medical services or private investigators? Yes No
 If yes, describe and how often: _____

PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE

1. a. Does the Applicant have media liability insurance currently in force? Yes No
 b. Has any similar insurance been issued to the Applicant or any of the Applicant's stations during the past five (5) years? 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. Has the Applicant ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by an insurer? (Not applicable in Missouri). Yes No

If Yes, please attach an explanation.

3. In the past five (5) years, has the Applicant or any of its subsidiaries been sued, threatened with a suit for which the Applicant reasonably expects to result in a claim, 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 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

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 Insurer, the Applicant understands and agrees that any claim arising from any facts, circumstances, situations or claims required to be disclosed in response to questions 3., 4., and 5. in this section is excluded from the proposed insurance.

REPRESENTATIONS AND SIGNATURE

By signing this document, the undersigned authorized representative of the Applicant represents on behalf of all persons and entities proposed for coverage, after inquiry, that to the best of their knowledge:

1. The statements and answers given in and all materials submitted with this Application are true, accurate and complete.
2. No facts or information material to the risk proposed for insurance have been misstated or concealed.
3. These representations are a material inducement to the Insurer to provide a proposal for insurance.
4. Any policy the Insurer issues will be issued in reliance upon these representations.
5. The Applicant will report to the Insurer immediately in writing any material change in the Applicant's activities, products and services.
6. The Applicant will report to the Insurer immediately in writing any material changes to the answers provided in this Application which occur or are discovered between the date of this Application and the effective date of the policy for which coverage is sought by submission this Application.
7. The Insurer reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Insurer has offered.

WARNING

PLEASE REVIEW THE STATE FRAUD STATEMENT CONTAINED AT THE END OF THIS APPLICATION APPLICABLE TO THE STATE IN WHICH THE APPLICANT RESIDES.

Any person who, with intent to defraud or knowingly facilitates a fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

This Application must be signed by the Applicant's Chief Executive Officer, Chief Financial Officer, Chief Operations Officer or General Counsel, or their functional equivalent, unless the Insurer instructs the Applicant otherwise.

Name	Name (signature)
Title	Date

Walterry Insurance Brokers
7411 Old Branch Avenue, Clinton, Maryland 20735
301-868-7200 · 800-638-8791 · Fax 301-868-2611



AXIS MEDIA/PROFESSIONAL INSURANCE®
TELEVISION AND RADIO PUBLIC BROADCASTING STATIONS
NEW BUSINESS
APPLICATION

WALTERRY INSURANCE BROKERS

Web site www.walterry.com · Email media@walterry.com

Produced By:

Agent: _____ Agency: _____

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

Address: _____

City: _____ State: _____ Zip: _____



STATE FRAUD STATEMENT

ALABAMA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison or any combination thereof.

ARKANSAS

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.

CALIFORNIA

For your protection, California law requires the following warning to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

DISTRICT OF COLUMBIA

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.

FLORIDA

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.

KANSAS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY

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.



LOUISIANA

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.

MAINE

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.

MARYLAND

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.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO

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 civil fines and criminal penalties.

NEW YORK

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.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



OREGON

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

PENNSYLVANIA

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.

PUERTO RICO

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 dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be 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.

RHODE ISLAND

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.

TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WEST VIRGINIA

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.