AUTHOR LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.
Note: All questions must be answered. All requested attachments must accompany application.

1. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation, and changes - refer to specimen policy.**

_____
Street Address

_____
City, State, Zip Code Telephone Number

_____
Web Site Address(es)

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?
☐ Yes ☐ No If yes, please attach a list of entities for which coverage is desired.
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.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____

B. Geographic area in which applicant operates:
____ Local ____ Regional (multi-state) ____ National ____ International

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
☐ Yes ☐ No

B. Does applicant wholly or partially own, operate, manage, or control any other businesses or entity(ies) not previously listed in Question 1 or 2?
☐ Yes ☐ No

If 4.A. or 4.B. are answered yes, provide complete details:

_____
_____
_____

5. Within the past five years, has applicant:

A. Changed name?	☐ Yes	☐ No
B. Change ownership structure?	☐ Yes	☐ No
C. Purchased or acquired another entity?	☐ Yes	☐ No
D. Merged or consolidated operations with another entity?	☐ Yes	☐ No

If any of 5.A. - 5.D. are answered yes, please attach a summary of all relevant transactions.

BOOK, PLAY, JOURNAL OR ARTICLE (Hereinafter referred to as "work")

6. Title of work to be insured:

7. Synopsis of publication: (Add attachment if necessary)

8. Scheduled or original date of publication:

9. Type of work: (check appropriate box)

Fiction/ Drama	Poetry	Current Autobiography	Historical/ Biographical	Technical	Religious	Investigative Reporting/ Exposé	Social/Political Commentary	How-to-do-it	Other (specify) _____
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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10. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so):
Hardback _____ Paperback _____

11. Advance paid by publisher: $ _____

12. If work is non-fiction or fiction incorporating living persons or events, have sources of information and material facts been documented?
☐ Yes ☐ No If no, please explain in detail by supplement.

13. Have written releases been obtained from persons or organizations:

		Yes	No
A.	Appearing in photographs or artistic representations?	☐	☐
B.	Contributing material to the work?	☐	☐
C.	Quoted or paraphrased?	☐	☐

If no, explain in detail by supplement.

14. Name, address and telephone number of publisher:

15. Will "work" be self-published? ☐ Yes ☐ No If yes, how will work be distributed?

16. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

SERIALIZATIONS, CONDENSED VERSIONS, REVISED EDITIONS & RELATED MATERIALS/ACTIVITIES

17. Will the work be serialized or published in a condensed version during the proposed policy term? ☐ Yes ☐ No
If yes, specify publication(s) and attach a copy of contract(s) with the publisher(s):

Estimated revenues: $_____

18. Will a revised edition of the work be published or distributed during the proposed policy term? ☐ Yes ☐ No
If yes, complete Question 19. Attach copy of the revised work and a brief outline of revisions from the original work.

19. Number of copies to be printed/distributed in: Hardback _____ Paperback _____

20. Describe any related materials or activities contemplated in conjunction with the work: (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.)

FINANCIAL INFORMATION

21. A. Estimated total gross annual operating sales or revenues for the coming year from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations <u>not</u> to be covered by the proposed policy**:
$_____

B. Estimated total gross annual operating sales or revenues for the coming year **for all operations and entities as an author <u>to be covered</u> by the proposed policy**: $_____

22. Estimated assets of all of applicant's operations: $ _____

Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

23. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter in any work of advertising, promotion or publicity relating thereto or with respect to the work specified in Item 6. herein or arising from Internet activities?

☐ Yes ☐ No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

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24. Please provide the following information for any similar prior or current coverage carried for the work (or state "none"):

Company	Policy Number	Limits	Deductible	Coverage Dates	Premium

25. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)
☐ Yes ☐ No If yes, give details. Add attachment if needed.

26. Policy limit required:

$ _____

27. Self-insured retention:

$ _____

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____

To complete this application, please submit:

- Copy of the manuscript of work
- Copy of the contract with the publisher
- Copy of the reviewing lawyer's written opinion concerning the content of the work
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence
- Detailed resumé of the author's literary experience
- Estimate of the author's current financial condition

Media/Professional Insurance
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