BOOK PUBLISHER 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. Changed 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 relevant transactions.

BOOK PUBLISHING

6. For current fiscal year, specify number of:
Original titles _____ Reprints _____ Titles distributed for others _____

7. Type of books published: (Please provide approximate percentage for each of the following categories.)

____%	Textbooks	____%	"Managed textbooks"	____%	Children's
____%	How-to-do-it	____%	Technical	____%	History, biography
____%	Current biography, autobiography	____%	Religious	____%	Investigative reporting, exposé
____%	Social, political commentary	____%	Classics	____%	Celebrity
____%	Fiction	____%	Poetry	____%	Other (specify) _____
				100 %	TOTAL

PERIODICAL PUBLICATIONS (i.e., monographs, magazines, newspapers)

8.

Name	Type	Revenue	Frequency of Circulation	Circulation	Area of Circulation

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OTHER FORMS OF MEDIA (i.e., cassettes, tapes, maps, brochures, etc.)

9. Type Revenues

FINANCIAL INFORMATION

10. A. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy**:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
U.S. Operations (including territories)			
Gross revenues, sales, fees or commissions (circle the applicable basis)	$ _____	$ _____	$ _____
Non-U.S. Operations			
Gross revenues, sales, fees or commissions (circle the applicable basis)	$ _____	$ _____	$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including all Book Publishing entities or operations to be covered by the proposed policy**:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
U.S. Operations (including territories)			
Book publishing	$_____	$_____	$_____
Magazine/monograph/ brochure publishing	$_____	$_____	$_____
Newspaper publishing	$_____	$_____	$_____
Film production (cassettes, tapes, CDs, etc.)	$_____	$_____	$_____
Distribution	$_____	$_____	$_____
Subsidiary rights	$_____	$_____	$_____
Other (specify) _____	$_____	$_____	$_____
TOTAL	$_____	$_____	$_____

C. Estimated total gross annual sales or revenues for the coming year **derived from all Book Publishing entities or operations to be covered by the proposed policy**:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
United States	$_____	$_____	$_____
Canada	$_____	$_____	$_____
United Kingdom	$_____	$_____	$_____
Australia	$_____	$_____	$_____
Asia	$_____	$_____	$_____
Europe	$_____	$_____	$_____
Other countries (specify) _____	$_____	$_____	$_____
TOTAL	$_____	$_____	$_____

11. 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.

LEGAL PROCEDURES

12. 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: _____

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13. Percentage of indemnification provided by author through publishing contract: _____%

14. 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; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter published in books or other materials 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.

15. During the past three years, has any similar insurance been issued to applicant?
☐ Yes ☐ No If yes, complete the following:

Company	Policy Number	Limits	Deductible	Coverage Dates	Premium

16. 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.

17. Policy limit required:

$_____

18. Self-insured retention:

$ _____

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

19. Does applicant require coverage for authors?

☐ Yes ☐ No If yes, attach a written description of applicant's arrangement for providing coverage for authors.

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:

- Brochure of current titles or book order list
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Description of standard procedures for checking originality, works, accuracy of content, title clearance, etc.
- Copy of standard publisher-distributor agreement
- Copies of standard release forms used for photographs, creative work of employees, etc.
- Copies of periodical publications, monographs, brochures, cassettes, tapes
- Experience resumé of key personnel if in business less than three years
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence
- Completed, signed and dated Independent Contractor Supplement

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