NEWSPAPER 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. Name of Proposed Insured (as it should be stated on your policy if issued):

2. List other subsidiaries, affiliates and trade names to be included for insurance:

3. Principal Street Address, City, State, Zip Code:

4. Telephone:
( )

5. Date purchased by present owner: _____ If less than three years, attach experience resume of publisher and editor.

6. Are you a member of the National Newspaper Association? Yes ☐ No ☐

7. List memberships in any other press associations:

Publishing/Printing Activities

8. List all publications to be insured:

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	If 2 or more, % of Duplication

Attach list for additional publications.

9. If commercial printing operations are to be insured, list gross annual revenues from this activity: _____

10. Gross annual revenue derived from all publishing and commercial printing activities: _____

11. Editorial procedures	Yes	No
A. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____ Years of experience in media law: _____		
B. Are editors familiar with current media law?	☐	☐
C. If a school publication, is there faculty supervision?	☐	☐
If yes, are faculty supervisors familiar with current media law?	☐	☐
D. Are letters-to-the-editor edited?	☐	☐
E. Are written hold harmless indemnity agreements executed with advertisers and advertising agencies?	☐	☐
F. Does applicant firm engage in "investigative" reporting or exposé? If yes, describe methods for documenting sources of information. _____	☐	☐
G. If you desire coverage for claims arising from errors and omissions in the content of your publications, briefly describe your procedures to verify accuracy of content: _____		

Please Complete Reverse Side

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12. Has any actual or threatened claim or suit been made against the 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 dress, trade name, 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 obtaining, gathering, reporting or disseminating matter published, printed, distriubted or advertised?

☐ 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, and final disposition of the claim.

13. During the past three years, has any similar insurance been issued to the applicant?

☐ Yes ☐ No If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium

14. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant? (Not applicable in Missouri.)

☐ Yes ☐ No If yes, give details. Add attachment if needed.

15. Policy limit required

$_____

16. 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 your application, please submit:

- Copies of standard contracts/hold harmless agreements with advertisers and advertising agencies
- Experience resume if in operation less than three years
- Current financial statement or annual report
- Three consecutive copies of each publication
- Advertising materials describing applicant's operation

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We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

Telephone:

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