



Newspaper Publisher Liability Insurance Application for Coverage

Complete and Return To:

Insurance Specialties Services, Inc.
2370 York Road, Suite D4
Jamison, PA 18929
Phone: 800/533-4579
Fax: 215/918-0507
E-mail: administrator@issisvs.com
Website: www.issisvs.com

All Questions Must be Answered Completely.
Attach Additional Sheet If Necessary.

All Requested Attachments Must Be Included With This Application.

NOTE: Unless the policy form provides coverage for Defense Costs in Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind any company to issue a policy.

1. **Applicant Information** – This entity will be identified as the **Named Insured**.

Name of **Applicant**: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____ Web Address: _____

Year Established: _____

Corporation Partnership Individual Joint Venture

Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed?
 Yes No

Does Applicant wholly or partially own, operate, manage or control any other business entity(ies) not previously listed?
 Yes No

If either question above is answered "Yes", provide complete details: _____

Please Identify memberships in any trade or professional organizations: _____

Geographic Area in which applicant operates:

Local Regional (multi-state) National International

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.

List all the publications to be insured (attach a list of additional publications if more space is needed).

<u>Name</u>	<u>Location</u>	<u>Date First Published</u>	<u>Circulation</u>	<u>Frequency</u>	<u>% of Duplication</u> (if 2 or more)
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If commercial printing operations are to be insured, list gross annual revenues from this activity: \$ _____

2. **Coverage Information** (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ _____ Retention \$ _____

3. **Loss Prevention**

A. Media Counsel

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-mail _____

Firm Contact _____

Is counsel consulted regarding complaints, editorial procedures, retraction, newsgathering or other sensitive issues? Yes No

Does counsel conduct review of the content of scheduled media? Yes No

Is counsel consulted concerning intellectual property issues? Yes No

Is counsel on retainer? Yes No

B. Operations

Do employees have access to information or training about intellectual property Rights, defamation, newsgathering issues, confidential sources and privacy rights? Yes No

Does **Applicant** engage in online activities? Yes No
If 'yes', please provide details _____

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No

Does the **Applicant** require advertisers and/or advertising agencies to execute hold-harmless Agreements regarding the content of advertising? Yes No

Does the **Applicant** utilize third parties to create content for scheduled media? Yes No

Are third parties required to execute hold-harmless agreements? Yes No

Are third parties required to provide proof of insurance? Yes No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or Other content on the internet? Yes No

4. Insurance and Claim Information

Has the **Applicant** or any subsidiary been involved in a lawsuit or claim in the past five years arising from broadcasting, publishing, newsgathering, online activities, advertising or from a contextual error or omission? Yes No

If “yes,” please attach complete details including the amount of defense costs, any applicable retention, judgment or settlement. If claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Provide details on an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

Does the Applicant know of any situation that could give rise to a claim? Yes No

If “yes,” please attach complete details and advise whether the claim has been reported.

(In the State of Missouri, the following question does not apply.)

Have any media liability insurers ever canceled or non-renewed coverage? Yes No

If “yes,” please advise _____

If **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media _____

Was counsel retained to answer, object or otherwise respond to the subpoena? Yes No

Has the **Applicant** had media liability insurance in the past three years? Yes No

If “yes,” please identify the following or attach Policy Declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application of 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 and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA

The statements made in this Application for insurance, the Coverage Supplement and any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____