



OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

Communicator's Advantage Policy[®] Insurance Application Publishers

All Questions Must Be Answered Completely - Attach Additional Sheet If Necessary
All Attachments Must Be Included With This Application.

Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

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

Named of **Applicant**: _____

Identify all entities to be insured by the policy, including trade names, and advise of relationship to **Applicant**

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____

Year Established _____ Web Site Address _____

Corporation Partnership Individual Other _____

2. Scheduled Newspapers

Annual Gross Revenues from
Newspaper Publishing:

United States: \$ _____

Canada: \$ _____

International: \$ _____

Annual Gross Revenues from
Commercial Printing Services:

United States: \$ _____

Canada: \$ _____

International: \$ _____

Please identify Scheduled Publications. Attach a separate sheet if there are more than three publications:

	(A)	(B)	(C)
Name	_____	_____	_____
Location	_____	_____	_____
Frequency	_____	_____	_____
Date First Published	_____	_____	_____
Total Circulation	_____	_____	_____
Circulation Area †	_____	_____	_____
News/Feature Service Content	_____ %	_____ %	_____ %
Non-Employee Contribution ††	_____ %	_____ %	_____ %
Special Interest or Focus ‡	_____	_____	_____
Investigative Reporting	_____ %	_____ %	_____ %

† Circulation Area: international, national, regional, statewide, metropolitan, community, rural or campus.

†† Advise percent of content provided by freelancer, stringer or unpaid correspondent.

‡ Identify percent of content that is religious, political, alternative lifestyle, ethnic or other focus.

3. **Systems, Operations and Loss Prevention**

A. Media Counsel

Are in-house or local counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No
Is counsel on retainer? Yes No
Does counsel conduct a prepublication review? Yes No
Is counsel consulted regarding intellectual property issues? Yes No

Name of in-house counsel _____ Telephone _____
Name of local firm _____ Address _____
City _____ State/Province _____
Zip/Postal Code _____ Telephone _____
Fax _____ E-Mail _____
Firm contact _____

B. Advertising Procedures and Operations

Do any of the publications have in-house advertising departments? Yes No
Does the **Applicant** create advertisements for third parties? Yes No
If “yes,” do advertising agreements include hold harmless or limitation of liability clauses in favor of applicant? Yes No
Are classified advertisements edited? Yes No

C. Loss Prevention

Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? Yes No
Does the **Applicant** engage in any online activities other than a general web site? Yes No
If “yes,” please advise _____
Do employees develop or control website content? Yes No
If yes, are they trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No
Are written procedures in place regarding:
1. recycling of file footage, notes, cassette tapes and any electronic versions thereof? Yes No
2. corrections and retractions? Yes No
Does the **Applicant** engage in any undercover investigative reporting? Yes No
If “yes,” attach description of procedures to ensure accuracy of content.
Is **Applicant** a member of their state Press Association or the NNA? Yes No

D. Independent Contractors

Does the **Applicant** utilize independent contractors, such as freelancers, website developers, graphic designers, stringers or photographers to create content for scheduled newspapers? Yes No
Are independent contractors required to execute hold-harmless agreements? Yes No
Are independent contractors 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 media liability lawsuit in the past five years? Yes No

If “yes,” attach complete details including the amount of monies spent for both defense and loss. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved. Also, provide details in 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.

How many subpoenas has the Applicant been served in the past three years regarding scheduled publications? _____

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

(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 _____

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

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

<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
----------------	----------------------	------------------	--------------------	----------------

1. _____
2. _____
3. _____

5. Attachments — Please submit the following to complete your Application:

- Sample hold-harmless agreements used with advertisers and independent contractors;
- Current copy of each publication to be insured;
- Current financial statement or corporate annual report; and
- If current ownership is less than three years, include resumes of editor and publisher.

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 and in any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
 (Director, Partner or Principal)

Signature _____ Date _____

If this is your Agency’s first submission to First Media:

Name _____	License No. _____	Exp. Date _____
Agency _____	Agency Tax Payer I.D. _____	
Address _____	City and State/Province _____	
Zip/Postal Code _____	Telephone _____	
Fax _____	E-Mail _____	