



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

Media Advantage Policy®

Film & Program Distributor Supplement

1. Name of **Applicant** _____
2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

3. Estimated Assets: \$ _____
4. Annual Revenues from distribution activities: \$ _____
5. Identify all additional insureds and explain relationship to **Applicant** _____

6. Types of films/programs being distributed: _____% Comedy _____% Drama _____% Games
_____% Romance _____% Children's _____% Documentary _____% Adventure
_____% Horror _____% Adult/Pornographic _____% Other: _____
7. Has applicant produced any of the films being distributed? Yes No
If **yes**, what percentage of the films being distributed was produced by the applicant? _____%
What limit of production liability insurance was carried for these films? \$ _____
8. Percent of films produced by foreign producers: _____% Percent produced in Asia: _____%
9. Percent of foreign "language" films: _____%
Languages: _____
10. Does film producer hold harmless and indemnify applicant? Yes No
11. Does applicant require proof of production liability insurance from producer? Yes No
12. **Attachments**

Please submit the following information to complete your Application:

- ü Current financial statement, tax return or corporate annual report;
- ü Copy of distribution agreements with producers;
- ü Current list of titles being distributed.