

**The J.P. Anthony Agency LLC  
1200 S. Church Street, Suite 1  
Mt. Laurel NJ 08054**

**Note: All questions must be answered. All requested attachments must accompany application.**

<b>1. Name of Proposed Insured (as it should be stated on the policy if issued):</b>	<b>2. Telephone</b>
<b>3. Street Address</b>	<b>▪ City</b>
	<b>▪ State</b>
	<b>▪ ZIP Code</b>

**Book, Play, Journal or Article (Hereinafter referred to as "work")**

<b>4. Title of work to be insured:</b>	<b>5. Schedule of original date of production:</b>
<b>6. Type of work:</b> (check appropriate box)	
<input type="checkbox"/> Fiction/Drama <input type="checkbox"/> Poetry <input type="checkbox"/> Current Autobiography <input type="checkbox"/> Historical/Biographical <input type="checkbox"/> Technical <input type="checkbox"/> Religious <input type="checkbox"/> Investigative Reporting/Expose <input type="checkbox"/> Social Political Commentary <input type="checkbox"/> How-to-do-it <input type="checkbox"/> Other (describe)	

<b>7. Number of copies (including reprints) to be printed/distributed during the proposed policy term (if none, state so):</b>	<b>8. Advance paid by publisher:</b>
Hardback _____ Paperback _____	\$ _____

**9. If work is non-fiction incorporating living persons or events, have sources of information and material facts been documented?**     YES     NO

If no, please explain in detail by supplement:

**10. Have written releases been obtained from persons or organizations:**

A. Appearing in photographs or artistic representations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Contributing material to the work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Quoted or paraphrased?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If no, please explain in detail by supplement:

**11. Name, address and telephone number of publisher:**

<b>12. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:</b>	<b>Years of experience in media law:</b>
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**Serializations, Condensed Versions, Revised Editions & Related Materials/Activities**

**13. Will the work be serialized or published in a condensed version during the proposed policy term?**     YES     NO

If yes, specify publications(s) and attach a copy of contract(s) with the publisher(s):

Estimated Revenues \$ \_\_\_\_\_

**14. Will a revised edition of the work be published or distributed during the proposed policy term?**     YES     NO

If yes, complete A and B. Attached copy of the revised work and a brief outline of revisions from the original work.

A. Number of copies to be printed/distributed in: Hardback \_\_\_\_\_ Paperback \_\_\_\_\_

B. Estimated Annual Revenues \$ \_\_\_\_\_

<b>15. Describe any related materials or activities contemplated in conjunction with the work.</b> (i.e., tapes, cassettes, audio-visual aids, movie rights, advertising/promotional activities, etc.)	<b>▪ Estimated Annual Receipts</b>
	\$ _____

**16. 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 arising out of matter in a work of advertising, promotion or publicity relating thereto or with respect to the work specified in Item 4. herein?**

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.

**17. 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

**18. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant?**

YES  NO

If yes, give details. Add attachment if needed.

**19. Policy Limit Required:**

**20. Deductible**

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name \_\_\_\_\_

Name

(Please type or print)

(Signature of authorized representative)

Title \_\_\_\_\_

Date

**To complete your application, you must submit:**

- Copy of the manuscript of work
- Copy of the reviewing lawyer's written opinion concerning the content of the work
- Copy of the contract with the publisher
- Detailed resume of the author's literary experience

▪ **Agent or Broker**

▪ **Telephone**

▪ **Principal Street Address**

▪ **City**

▪ **State**

▪ **ZIP Code**