

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

BOOK PUBLISHER LIABILITY COVERAGE APPLICATION FOR INSURANCE

Submission of a completed application incurs no obligation to purchase or bind insurance.

1. Name of Proposed Insured (as it should be stated on the 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. Date purchased by present owner: _____

Book Publishing

5. For current fiscal year, specify number of:
 Original Titles _____ Reprints _____ Titles distributed for others _____
6. Type of book published. (please provide approximate percentage for each of the following categories)

_____ % Textbooks	_____ % "Managed" Textbooks	_____ % Children's
_____ % How-to-do-it	_____ % Technical	_____ % History, Biography
_____ % Current Biography, Autobiography	_____ % Religious	_____ % Investigative reporting, expose
_____ % Social, Political	_____ % Classics	_____ % Celebrity
_____ % Commentary	_____ % Poetry	_____ % Other (describe)
_____ % Fiction		

Periodical Publications, Monographs

7. List

Name	Type	Frequency of Circulation	Circulation	Area of Circulation

Other Forms of Media (i.e., cassettes, tapes, maps, brochure, etc.)

8. List

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type</th> <th style="width: 50%;">Annual Revenue</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Type	Annual Revenue							<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Type</th> <th style="width: 50%;">Annual Revenue</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Type	Annual Revenue						
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Financial Information

9. Book publishing – gross annual sales:

<p>A. Publishing \$ _____</p> <p>Distribution \$ _____</p> <p>Subsidiary Rights \$ _____</p> <p>Total \$ _____</p> <p>\$ _____</p>	<p>B. United States \$ _____</p> <p>Canada \$ _____</p> <p>\$ _____ United Kingdom</p> <p>Australia \$ _____</p> <p>Other Countries (specify) _____</p> <p>Total \$ _____</p>
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10. Total gross annual sales from all media:

\$

Legal Procedures

11. Does the insured have an inhouse legal counsel? YES NO Years of experience:

12. 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:

13. Describe procedures used for processing unsolicited works. Add attachment if needed

14. Describe procedures used for checking originality & accuracy of work or content. Add attachment if needed

15. Describe procedures for title clearance. Add attachment if needed

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 published in books or other materials? 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. Do you require coverage for Authors? YES NO

If yes, attach a written description of your arrangement for providing coverage for authors.

20. Policy Limit Required:

21. 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:

- Catalog of current titles of book order list
- Description of standard procedures for checking originality, works, accuracy or content, title clearance, etc.
- Copy of standard publisher-distributor agreement
- Copies of standard release forms used for photographs, creative work of employees, etc.
- Copies of periodical publications, monographs, brochures
- An experience resume of key personnel

▪ **Agent or Broker**

▪ **Principal Street Address**

▪ **City**

▪ **State**

▪ **ZIP Code**
