

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

## MAGAZINE 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: 5. Gross Annual Revenues from Publishing activities:  
\$

### 6. Publications

A. List all publications to be insured:

Name	Location (City & State)	Date First Published	Average Circulation	Frequency of Circulation	Internet Address

Attach list for additional publications.

Check primary circulation area:  International  National  Metropolitan  Internet  Regional  Campus  Trade/Industry  
 Other \_\_\_\_\_

### 7. Editorial Procedures

- A. Is a law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling  YES  NO
- B. Number of years of experience in media law \_\_\_\_\_
- C. Number of years experience for editors \_\_\_\_\_
- D. Are letters-to-the-editor edited?  YES  NO
- E. Are written hold harmless or indemnity agreements executed with advertisers and advertising agencies?  YES  NO
- F. Does the publisher engage in "investigative" reporting or exposes? If so, describe methods for documenting sources of information.  YES  NO  
 \_\_\_\_\_
- G. Are written releases obtained from persons appearing in photographs or from photo agencies?  YES  NO
- H. Do freelance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources?  YES  NO  
 If yes, Please attach copy of warranty.
- I. Is a disclaimer issued with respect to technical information or advice?  YES  NO
- J. Are back issues made available over the internet?  YES  NO
- K. Describe procedure used for handling unsolicited matter.

8. 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 or advertised in a magazine publication?  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.

9. 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

10. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant?  YES  NO  
(Not applicable in Missouri)

If yes, give details. Add attachment if needed.

11. Policy Limit Required:

12. 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 \_\_\_\_\_  
(Please type or print)

Name \_\_\_\_\_  
(Signature of authorized representative)

Title \_\_\_\_\_

Date \_\_\_\_\_

To complete your application, you must submit:

- Three current, consecutive copies of each publication, or a manuscript if publication is new
- Description of procedure for processing unsolicited ideas, manuscripts, articles, etc.
- Contract with advertisers and freelance authors

▪ Agent or Broker

▪ Telephone

▪ Principal Street Address

▪ City

▪ State

▪ ZIP Code