

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

NEWSPAPER 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
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4. Date purchased by present owner: (If less than three years, attached experience resume of publisher and editor)

5. List memberships in any other press associations:

% of publications using news provided by these associations
 Type of publication Metro Area _____ Community _____ Campus _____

Publishing/Printing Activities

6. 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.

7. A. If commercial printing operations are to be insured, list gross annual revenues from this activity:	B. Is printer's E & O coverage desired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8. Gross annual revenue derived form all publishing and commercial printing activities:

9. Editorial Procedures

- A. 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: _____
- B. Years of editorial experience _____
- C. If a school publication, is there faculty supervisor? YES NO
 If yes, are faculty supervisors familiar with current media law? YES NO
- D. Are letters-to-the-editor edited? YES NO
- E. Are written hold harmless indemnity agreements executed with advertisers and advertising agencies? YES NO
- F. Does applicant firm engage in "investigative" reporting or expose? YES NO
 If yes, describe methods for documenting sources of information: _____

- G. If you desire coverage for claims arising from errors and omissions in the content of your publications, briefly describe your procedures to verify accuracy of content:: _____

10. 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 obtaining, gathering, reporting or disseminating matter published, printed, distributed or advertised? 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.

11. 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

12. 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.

13. Policy Limit Required: _____ 14. 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:

- Copies of standard contracts/hold harmless agreements with advertisers and advertising agencies
- Experience resume of key employees
- Three current copies of each publication
- Contract for printing for others

▪ Agent or Broker _____ ▪ Telephone _____

▪ Principal Street Address _____ ▪ City _____ ▪ State _____ ▪ ZIP Code _____