



## Magazine Publisher Liability Application

Notice: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts for defense costs shall be applied against the retention amount.

### Section 1 – Your business

1. Name of applicant:
- Address:
- Zip code:
- Telephone:  Email:
- Fax:
- When was your business established?
2. Please provide your total number of staff:

### Your website(s)

3. a. Please list all website addresses for which you seek coverage:
- b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any web log, online journal, online diary, or online chat room? Yes No
- c. Is all third party material subject to your standard editorial checking procedures prior to posting on your websites? Yes No  
If No, please provide details:
- d. Please provide details of your complaints and take-down procedures:

### Your gross revenue

4. Please provide your gross revenue, including fee income and where it comes from in the tables below:
- a.
- |  | Past year ending | Current year | Estimate for coming year |
|--|------------------|--------------|--------------------------|
| Total gross revenue including fee income | \$               | \$           | \$                       |
- b. Estimated percentage split of your gross revenue (including fee income) emanating from:
- |                          | Past year ending | Current year | Estimate for coming year |
|--------------------------|------------------|--------------|--------------------------|
| United States of America | %                | %            | %                        |
| Rest of the world        | %                | %            | %                        |





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8. For any photographs and/or pictures used in your publications do you make sure that all licenses and consents are obtained from copyright holders? Yes No
- If No, please provide details:

### Section 3 – Broadcasters

#### Your broadcasting activities

9. a. For all material you broadcast, please fill out the table below. Please continue on a separate sheet if necessary:

Name of station (call letters)	Medium of broadcast	Hours of broadcast per week	Peak audience figure	Geographical market	Nature of broadcast

- b. If you broadcast any of the following, please advise the percentage of your total broadcasting time dedicated to the applicable genres:

- i. News originated by you  %
- ii. Programming where the content is supplied by a third party, please breakout as follows:
  - a. news wire service  %
  - b. network affiliate  %
  - c. freelancers, stringers, or other non-employees  %
- iii. Current affairs/investigative reporting  %
- iv. Discussion/phone-ins/live/unscripted  %

10. For all live broadcasts is there a time delay of at least seven seconds? Yes No N/A

If No, please provide details:

11. Please describe all your original programming other than news:



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12. Do you have any on air personalities/DJ considered a 'shock jock'?      Yes      No

If Yes, please list their name(s) and describe the format of the show(s):

### Section 4 – Risk management procedures

#### Editorial and legal review

13. a. What procedures do you have regarding legal or editorial review of articles, broadcasts, or other communication prior to release? Please include the circumstances in which you would refer material to lawyers for checking prior to publication, broadcast or dissemination.

If you have standard written procedures, please attach a copy.

b. Who is responsible for final sign-off of content prior to dissemination? Please give details of their position and relevant experience.

c. Which law firms and attorneys do you use for pre-dissemination advice regarding potential liabilities arising out of newsgathering or out of the publication or broadcast of material?

Name of firm(s):

Principal contact(s):

Years of experience in libel and/or intellectual property law:

Law firm  years      In-house counsel  years

Approximate number of hours billed per month:

d. Do you have written complaint and retraction procedures?      Yes      No

If Yes, please provide details:

e. What are your procedures for dealing with unsolicited submissions?



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f. Do you publish disclaimers with respect to technical information or advice? Yes No N/A

g. Do you hold educational seminars for reporters and editors addressing libel, slander, rights of privacy or publicity, trespass, or copyright infringement as it relates to their reporting activities? Yes No N/A

If Yes, how often?

h. Please list any professional association to which you are a member:

i. Do you engage in hidden cameras, undercover investigations, and/or ride-alongs with law enforcement, medical emergency services or private investigators? Yes No

If Yes, please provide details:

**Non employed contributors** 14. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? Yes No

If No, please provide details:

### Section 5 – General matters

**Optional coverage** 15. Do you desire coverage for commercial printing you do for others? Yes No

If Yes, what is the gross annual income derived from commercial printing operation?

**Other services for clients** 16. Do you provide any other services to third parties for which you would like us to consider providing cover? Yes No

If Yes, please provide details:



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### Current insurance

17. a. Do you currently have a media liability insurance policy?      Yes      No
- If Yes, what is the renewal date?
- If you currently have a media liability insurance with someone other than Hiscox, please answer the following:
- Name of insurer:
- Limit of liability:       Retention:
- Excess:       Premium:

### MISSOURI APPLICANT/AGENTS – DO NOT ANSWER THIS QUESTION

- b. Has any insurer declined, cancelled or refused to renew any similar insurance issued to you?      Yes      No
- If Yes, please provide full details:
- c. Do you currently have a comprehensive general liability insurance policy?      Yes      No
- If Yes, please answer the following:
- Name of insurer:
- Limit of liability:
- |                                |          |          |
|--------------------------------|----------|----------|
| Personal injury coverage is:   | Included | Excluded |
| Product liability coverage is: | Included | Excluded |

### Claims declaration

18. a. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you arising out of the content of any material published and/or broadcast by you or otherwise that falls within the scope of proposed coverage?      Yes      No
- If Yes, please provide full details:

### Subpoena declaration

- b. In the past (5) five years, how many subpoenas have been served on you seeking documents or information obtained in the course of your media activities?
- Of these, how many times have you challenged the subpoena by filing a motion in court?



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- c. Are you or any subsidiaries aware of any facts, circumstance(s), or situation which could reasonably lead to you suffering a loss, or claim being made against you that falls within the scope of the proposed coverage?

Yes      No

If Yes, please provide full details:

It is understood and agreed that with respect to questions 18 a., b. and c., that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

### Supplemental Information

#### Please attach the following additional information:

- One copy of each publication if not available on-line for viewing
- Specimen contract with advertisers, news services, syndicates and non-employee writers
- Current financial statements
- Experience resume of editor, publisher, station manager (if ownership is less than three (3) years)

### Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

**NOTICE TO ALASKA RESIDENT APPLICANTS:** A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO ARKANSAS RESIDENT APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA RESIDENT APPLICANTS:** For your protection California law requires the following to appear on this



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form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO COLORADO RESIDENT APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DELAWARE RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO DISTRICT OF COLUMBIA RESIDENT APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII RESIDENT APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

**NOTICE TO IDAHO RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA RESIDENT APPLICANTS:** A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.



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**NOTICE TO MINNESOTA RESIDENT APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEBRASKA RESIDENT APPLICANTS:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEVADA RESIDENT APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS:** Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NOTICE TO NEW JERSEY RESIDENT APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO RESIDENT APPLICANTS:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK RESIDENT APPLICANTS:** Any persons who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO RESIDENT APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA RESIDENT APPLICANTS:** WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.



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**NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**NOTICE TO UTAH RESIDENT APPLICANTS:** For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA RESIDENT APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON RESIDENT APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature

Date (mm/dd/yyyy)

Title:

Agent's License Number:

Agent's Name:

**A copy of this application should be retained for your records.**