



Multimedia Renewal 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:

When was your business established?

Your website(s)

2. 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

3. 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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Section 2 – Publishers

Please complete this section if you undertake any publishing activities

Your publishing activities

4. a. For all **new** newspapers/magazines you publish, please fill out the table below including 'frequency of publication' (e.g. daily, weekly, bi-weekly, bi-monthly, monthly, quarterly, annual) and "circulation area" (e.g. international, national, regional, metro, community, etc.). Continue on a separate sheet if necessary.

| Name and type of publication | Nature of content | Frequency of publication | Average circulation | Circulation area |
|------------------------------|-------------------|--------------------------|---------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- b. For all books published by you please provide a percentage split of your revenues as follows:

| Genre | Percentage of revenue | Genre | Percentage of revenue |
|-----------------------------|-----------------------|-------------------------|-----------------------|
| Children's | % | Personal betterment | % |
| Educational | % | Political commentary | % |
| Business (legal/financial) | % | By or about celebrities | % |
| Medical | % | Technical | % |
| Investigative/exposé | % | Religious | % |
| Biography and autobiography | % | How to | % |
| Other non-fiction | % | Law | % |
| Fiction | % | Hobbyist | % |
| Other - please specify: | | | % |

Please attach a copy of your current book catalogue to this proposal form.

- c. For all the books published by you, please provide a percentage split between original titles and reprints:

Original titles: % Reprints: %

Section 3 – Broadcasters

Please complete this section if you undertake any broadcasting activities

Your broadcasting activities

5. a. For all **new** broadcast stations, 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. For your **new** broadcast stations, 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 %



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iii. Current affairs/investigative reporting %

iv. Discussion/phone-ins/live/unscripted %

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

7. 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

8. a. Please describe any changes to your legal or editorial review procedures of articles, broadcasts, or other communication prior to release:

b. If changed, please provide the information below for law firms and attorneys 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:

9. Please describe any changes to your policy and practice regarding hold harmless or indemnity agreements with non-employed contributors:



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Section 5 – General matters

Optional coverage

10. 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

11. 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:
-

Claims declaration

12. a. Have you or your subsidiaries been sued or threatened with suit arising out of the content of any material published and/or broadcast by you or otherwise that fall within the scope of proposed coverage, which has not been reported to us? Yes No
- If Yes, please provide full details:
-

Subpoena declaration

- b. In the past year, 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?

Supplemental information

- Please attach the following additional information:**
- One copy of each new publication if not available on-line for viewing
 - Current financial statements

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 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 and warranting 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.



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Signature

Date (mm/dd/yyyy)

Title:

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