



MULTIMEDIA PROFESSIONAL LIABILITY POLICY (BROADCASTING)
IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS

GENERAL INFORMATION

1. NAME OF APPLICANT: _____
2. PLEASE CHECK ONE BOX: PARTNERSHIP INDIVIDUAL PROFESSIONAL CORPORATION PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS: _____
4. DATE OF INCORPORATION: _____ 5. WEB SITE ADDRESS (IF AVAILABLE) _____
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS? YES NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA? YES NO
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YOU DESIRE COVERAGE FOR: _____
9. PLEASE DETAIL NUMBER OF: PARTNERS/ MANAGERS/DIRECTORS & OFFICERS: _____ EMPLOYEES: _____
10. PLEASE SPECIFY WHAT PERCENTAGES OF INSURED'S RECEIPTS ARE SUBCONTRACTED BY A THIRD PARTY? _____%
11. ARE SUBCONTRACTORS REQUIRED TO HAVE THEIR OWN PROFESSIONAL LIABILITY INSURANCE? YES NO
12. PLEASE DETAIL APPLICANT ACTIVITIES: _____

13. PLEASE INDICATE APPLICANTS TOTAL REVENUES OR GROSS INCOME:

	PREVIOUS YEAR	THIS YEAR	NEXT YEAR
CLIENTS IN PUERTO RICO			
CLIENTS IN UNITED STATES/CANADA			
CLIENTS IN REST OF THE WORLD			

14. PLEASE COMPLETE THE APPROPRIATE SECTIONS INDICATING THE REVENUES FROM THE FOLLOWING ACTIVITIES:

	PAST YEAR	CURRENT YEAR	PROJECTED FOR NEXT YEAR
(I) TELEVISION BROADCASTING			
(II) RADIO BROADCASTING			
(III) SATELLITE BROADCASTING			
(V) OTHERS (PLEASE SPECIFY EX: FILM PRODUCTION)			

15. PLEASE INDICATE APPROXIMATE PERCENTAGE FOR BROADCASTING SERVICE:

- | | |
|-----------------------------|--------------------------------------|
| (I) NEWS _____% | (V) INVESTIGATION PROGRAMS _____% |
| (II) RELIGION _____% | (VI) ENTERTAINMENT _____% |
| (III) CURRENT TOPICS _____% | (VII) OTHERS (PLEASE SPECIFY) _____% |
| (IV) POLITICS _____% | |

16. RADIO OR TELEVISION: PLEASE LIST THE RADIO OR TELEVISION STATIONS OWNED OR OPERATED BY INSURED:

NAME	TYPE OF PROGRAMMING	AM/FM FREQUENCIES	DATE OF FIRST BROADCAST	RATE FOR ADVERTISING (PER MINUTE)

17. FILM PRODUCTION: PLEASE CHECK THE TYPE OF PRODUCTION THAT APPLIES:

MOTION PICTURE:	TELEVISION PROGRAM:	RADIO PROGRAM:
<input type="checkbox"/> FOR THEATRICAL RELEASE	<input type="checkbox"/> DRAMATIC	<input type="checkbox"/> MUSIC FORMAT
<input type="checkbox"/> FOR TELEVISION RELEASE	<input type="checkbox"/> MUSICAL, COMEDY, OR VARIETY SPECIAL	<input type="checkbox"/> TALK FORMAT
<input type="checkbox"/> FOR CABLE/SATELLITE/WIRELESS RELEASE		<input type="checkbox"/> SHOCK JOCK
<input type="checkbox"/> FOR DVD/VIDEOTAPE RELEASE	<input type="checkbox"/> SERIES <input type="checkbox"/> EPISODES	<input type="checkbox"/> NEWS FORMAT
<input type="checkbox"/> FOR INTERNET RELEASE	<input type="checkbox"/> PILOT	<input type="checkbox"/> HIDDEN MICROPHONE USED DURING PROGRAM
<input type="checkbox"/> FOR GAME RELEASE	<input type="checkbox"/> NEWS	<input type="checkbox"/> PRANK PHONE CALLS MADE DURING PROGRAM
<input type="checkbox"/> MUSICAL/COMEDY	<input type="checkbox"/> DOCUMENTARY	<input type="checkbox"/> RELIGIOUS
<input type="checkbox"/> DRAMATIC	<input type="checkbox"/> DOCU-DRAMA	<input type="checkbox"/> EDUCATIONAL
<input type="checkbox"/> DOCUMENTARY	<input type="checkbox"/> BIOGRAPHY	<input type="checkbox"/> INVESTIGATIVE
<input type="checkbox"/> BIOGRAPHY	<input type="checkbox"/> INVESTIGATIVE	<input type="checkbox"/> STATION SPONSORS MUSIC EVENTS
<input type="checkbox"/> CORPORATE/GOVERNMENT FILM	<input type="checkbox"/> INFOMERCIAL	<input type="checkbox"/> STATION SPONSORS CONTESTS
<input type="checkbox"/> CHILDREN/ANIMATION	<input type="checkbox"/> CHILDREN/ANIMATION	<input type="checkbox"/> STREAMED ON INTERNET
<input type="checkbox"/> HISTORICAL/RELIGIOUS	<input type="checkbox"/> QUIZ OR PANEL	<input type="checkbox"/> SPORTS
<input type="checkbox"/> COMEDY	<input type="checkbox"/> REALITY	<input type="checkbox"/> CONSUMER ADVOCACY
<input type="checkbox"/> OTHER GENRE DESCRIBE: _____	<input type="checkbox"/> OTHER GENRE DESCRIBE: _____	<input type="checkbox"/> OTHER FORMAT DESCRIBE: _____

18.

THE FILM PRODUCTION IS:	<input type="checkbox"/> ENTIRELY FICTIONAL AND ORIGINAL	<input type="checkbox"/> ENTIRELY FICTIONAL BUT INSPIRED BY ACTUAL EVENTS
	<input type="checkbox"/> ENTIRELY FICTIONAL BUT BASED ON ANOTHER'S WORK	<input type="checkbox"/> TRUE PORTRAYAL OF ACTUAL EVENTS
	<input type="checkbox"/> PORTRAYAL OF ACTUAL EVENTS WITH ORIGINAL FICTIONALIZATION	<input type="checkbox"/> OTHER PORTRAYAL, DESCRIBE: _____

19. IS A LAW FIRM CONSULTED FOR LIBEL AND COPYRIGHT MATTERS? YES NO

20. IS A LAW FIRM CONSULTED FOR BROADCASTING REGULATIONS? YES NO

21. DOES APPLICANT HAVE WRITTEN AGREEMENT TO LIMIT OR EXCLUDE THEIR RESPONSIBILITY WITH ADVERTISERS OR ADVERTISING AGENCIES? YES NO IF NO, DO THEY ACCEPT COMPLETE RESPONSIBILITY? YES NO

22. DO REPORTERS OFFER INVESTIGATION REPORTS? YES NO

IF YES, WHAT MEASURES ARE TAKEN TO VERIFY THE SOURCE? _____

23. IS BROADCASTING LIVE? YES NO

IF YES, WHAT MEASURES ARE TAKEN TO CONTROL INFORMATION? _____

24. DOES THE APPLICANT BROADCAST ANY SHOW THAT ARE NOT PRODUCE BY THEM? YES NO

IF YES, PLEASE DETAIL APPLICANT'S RESPONSIBILITY? _____

25. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION:

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES (MO./DAY/YEAR) FROM: _____ TO: _____	PREMIUM

26. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED:

LIMITS OF LIABILITY	DEDUCTIBLES

27. INTERNAL CONTROLS

- A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY AN A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE?
[] YES [] NO
- B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE?
[] YES [] NO
- C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES?
[] YES [] NO
- D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE?
 If yes please detail name, position and time with Applicant [] YES [] NO

28. DOES APPLICANT USE STANDARD CONTRACT WITH THEIR CLIENTS THAT HAVE BEEN REVISED BY A LEGAL COUNSEL?
[] YES [] NO

CLAIMS & CIRCUMSTANCES

- 29. HAS ANY INSURER DECLINED, CANCELLED, OR REFUSED TO RENEW ANY SIMILAR INSURANCE ISSUED TO THE APPLICANT FIRM?
[] YES [] NO
- 30. 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 FOR LIBEL, SLANDER OR OTHER FORMS OF DEFAMATION, INVASION OR INFRINGEMENT OF THE RIGHT OF PRIVACY OR PUBLICITY: INFRINGEMENT OF COPYRIGHT, TITLE OR SLOGAN, PLAGIARISM, PRIVACY OR MISAPPROPRIATION OF IDEAS UNDER IMPLIED CONTRACT OR ANY OTHER ACT, ERROR OR OMISSION ARISING OUT OF MATTER DISSEMINATED OR EXHIBITED IN ADVERTISING OF ANY KIND?
[] YES [] NO
- 31. DOES THE APPLICANT KNOW OF ANY FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM FOR WHICH COVERAGE WOULD BE AFFORDED BY THE PROPOSED INSURANCE?
[] YES [] NO

IF QUESTIONS 30-32 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : _____

TITLE : _____ DATE : _____