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6800 College Blvd. Suite 350 Overland Park, Kansas 66211

**entertainment**

Atlantic Specialty Insurance Company  
(Stock company owned by the Intact Insurance Group USA LLC -hereinafter referred to as the "Underwriter")

intactspecialty.com

**MEDIA LIABILITY APPLICATION**

NOTICE APPLICABLE TO APPLICANTS FOR THE ADVERTISER ADVANTAGE POLICY:

**DEFENSE COSTS** ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES. **DEFENSE COSTS** WILL ERODE AND MAY EXHAUST THE LIMIT OF LIABILITY. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO OBLIGATION TO PAY JUDGMENTS, SETTLEMENTS OR **DEFENSE COSTS** ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED BY **DEFENSE COSTS** OR **LOSS**. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

NOTICE APPLICABLE TO APPLICANTS FOR THE FOLLOWING – MEDIA ADVANTAGE POLICY, NEWSPAPER ADVANTAGE POLICY OR ADVERTISING AGENCY LIABILITY POLICY:

**DEFENSE COSTS** ARE IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES AND THE LIMITS OF LIABILITY ARE NOT REDUCED OR EXHAUSTED BY PAYMENT OF **DEFENSE COSTS**, UNLESS THE POLICY IS MODIFIED BY ENDORSEMENT. **DEFENSE COSTS** AND **LOSS** SHALL BE APPLIED AGAINST THE RETENTION. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

**A. ACCOUNT INFORMATION**

1. Applicant Name					
2. Mailing Address					
Street:					
City:		State:		Zip:	
County:			Website Address:		
Physical Address					
Street:					
City:		State:		Zip:	
<input type="checkbox"/> Check here if same as Mailing Address					
3. Since the last application submitted to the Underwriter, have there been any changes to the Applicant's legal structure or tax status? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," please provide details:					
4. List below all entities, subsidiaries, joint ventures, etc. requested to be included for coverage under the proposed insurance, including a description of operations, relationship to the Applicant, date acquired, ownership and tax status: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name & Address	Description of Operations	Relationship	Date Acquired	Ownership %	Tax Status

(Please note that coverage for these entities is not automatically included. The policy, if issued, will determine coverage.)

5. Has the Applicant had, or does the Applicant expect any changes to the Applicant's business activities since the last Application submitted to the Underwriter? If "Yes," please provide details:  Yes  No

Underwriter? If "Yes," please provide details:

**B. FINANCIAL AND EXPOSURE DETAILS**

6. Annual Gross Revenues

	United States	Canada	International
Gross annual revenues from media activities	\$	\$	\$
If 'non-profit' company please provide budget from media activities	\$	\$	\$
<b>Advertiser</b>			
Annual Gross Advertising Budget (Expenditures)	\$	\$	\$
<b>Advertising Agency</b>			
Capitalized Billings (gross income + pass thru costs)	\$	\$	\$

**Broadcaster (Radio and TV)**

List of Stations	TV or Radio	Radio Average 60 Second Ad Rate	TV Average Hourly Ad Rate
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Cable TV System Operator**

Number of Subscribers: \_\_\_\_\_

**Local Access Channel**

Operating Budget: \$ \_\_\_\_\_

**Magazine Publisher**

Please provide a list of publications, circulation and frequency or attach a list to this Application:

Publication Name	Circulation and Frequency

	United States	Canada	International
<b>Newspaper Publisher</b>			
Commercial Printing Services	\$	\$	\$
In-House Advertising — Annual Advertising Revenue	\$	\$	\$

Please provide a list of publications, circulation and frequency or attach a list to this Application:

Publication Name	Circulation and Frequency

7. Within the past 12 months or within the next 12 months, has the Applicant or does the Applicant expect to:
- a. Merge, acquire or consolidate with another entity?  Yes  No
  - b. Sell or divest another entity or facility?  Yes  No
  - c. Discontinue any operations or services?  Yes  No
  - d. Enter into any new business activities or services (including new procedures or products being offered)?  Yes  No

8. In the past 12 months, has the Applicant or any entity or individual proposed for coverage under this insurance become aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim that may fall within the scope of the proposed insurance?  Yes  No

If "Yes," have such facts, circumstances, situations, transactions, events, acts, errors or omissions already been reported?  Yes  No

If "No," please complete a Claims Supplement for each such matter.

## C. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**ALABAMA AND MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ARKANSAS, MINNESOTA, AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**COLORADO 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 policy holder 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.

**DISTRICT OF COLUMBIA 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, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

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

**KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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

**LOUISIANA, NEW MEXICO AND RHODE ISLAND 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 civil fines and criminal penalties.

**MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 may include imprisonment, fines, or a denial of insurance benefits.

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

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

**OREGON AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA APPLICANTS:** Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

**PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**D. SIGNATURE AND AUTHORIZATION**

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida accounts, the preceding sentence is replaced with the following: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by us. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

We will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

We are authorized to make any inquiry in connection with this Application. Our acceptance of this Application or the making of any subsequent inquiry does not bind you or us to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to us under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, you must notify us immediately and we may modify or withdraw any quotation or agreement to bind insurance.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with 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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	

**NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.**

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:
Email Address	

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street: City: State: Zip:

**NOTE: FOR NEW HAMPSHIRE APPLICANTS, PRODUCER'S NAME AND SIGNATURE ARE REQUIRED.**