

BEDFORD

UNDERWRITERS, LTD.

WHOLESALE INSURANCE BROKERS

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APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE (Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Full name of Applicant: _____
- b. Principal business premise address: _____
(Street) (County)

(City) (State) (Zip)
- c. Addresses of Branch Offices: _____
- d. Number of Employees: Full time ____ Part time ____ Seasonal ____ Total ____
- e. [] Corporation [] Partnership [] Individual [] Other Date established: _____
- f. Please list and describe affiliations with other firms: _____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| g. (i) In the past five years has your name changed? | [] | [] |
| (ii) Has any other business been purchased? | [] | [] |
| (iii) Has any merger taken place? | [] | [] |

If Yes, please attach details - including any changes in operations and key employees.

2. PROFESSIONAL ACTIVITIES AND SPECIALTY

- a. Please describe the professional activities for which coverage is desired and indicate the percentage of gross receipts derived from each activity. _____

- b. Fees and Receipts: **Past 3 Years:**
Estimate for Coming Year: _____ Year: _____

- c. Are you engaged in any business or profession other than as described in Item 2(a)? [] Yes [] No If Yes, please explain. _____

- d. Have you established a quality control and/or continuing education program to limit professional liability exposure? [] Yes [] No Please explain: _____

3. CLAIMS/HISTORY

Please attach details for any "Yes" answers.

- a. List any professional liability claims actually made against you in the past five years, including status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
If None, please check None.
- b. Please list any known incidents which might give rise to a professional liability claim.
If None, please check None.
- c. Has any insurer canceled or refused to renew any similar insurance during the past five years? Yes No
- d. Previous coverage:

Policy Period	Insurer	Indicate whether Claims made or Occurrence policy	Limits of Liability	Deductible	Retro Date

4. ADDITIONAL INFORMATION

- a. Please attach a list of:
 - (i) Partners, key employees, etch, and their professional qualifications;
 - (ii) Professional societies and organizations to which they or you belong(s); and
 - (iii) Your five largest jobs in the past three years.
- b. Please attach copies of:
 - (i) Advertisements, brochures, descriptive literature;
 - (ii) Sample contract for services between you and your clients; and
 - (iii) Latest financial data (annual report or balance sheet and income statement).

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

MULTIMEDIA SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

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(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Applicant Name: _____
- b. Gross Annual Sales:
- | | |
|----------------------------------|----------|
| Book Publishing | \$ _____ |
| Newspaper | \$ _____ |
| Magazine Publishing | \$ _____ |
| Broadcasting and Telecasting | \$ _____ |
| Cablecasting | \$ _____ |
| Film Production | \$ _____ |
| Advertising/Advertising Agency | \$ _____ |
| Total - United States and Canada | \$ _____ |
| Total - Foreign | \$ _____ |
| Total - All Operations | \$ _____ |
| - All Territories | \$ _____ |
- c. Procedures:
- (i) Please describe your standard procedure for checking accuracy of contents: _____

- (ii) Name of in-house counsel: _____ Years of experience in media law: _____
- (iii) Name of outside counsel: _____ Years of experience in media law: _____
- d. Is E&O coverage as well as libel/slander coverage desired? [] Yes [] No

2. MEDIA

- a. Book Publishing
- | Book Type | Percentage |
|-----------|------------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
- b. Newspaper Publishing:
- | Newspaper Name | Location | Frequency of Circulation | Average Circulation |
|----------------|----------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |
- c. Magazine Publishing:
- | Magazine Name | Location | Frequency of Circulation | Average Circulation |
|---------------|----------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |

d. Broadcasting and Telecasting:

Call Letters	Location	Highest Advertising

e. Cablecasting:

Name of System	Location	Number of Locations	Market Classification
Originated Programming Type		Number of Hours Per Week	
Gross receipts derived from syndication of originated programming: \$			

f. Film Production:

- (i) Type:
- (ii) Number of films in previous year: _____ Production _____ Distribution
- (iii) Number of films scheduled for current year: _____
- (iv) List top five films in past year:

g. Advertising/Advertising Agency:

- (i) Do you create comparative advertisements: [] Yes [] No
 If yes, list accounts, types and descriptions of Advertising: _____

- (ii) Gross Billings (Advertising Expenditures) - Latest completed Fiscal Year: _____

	Domestic	Foreign
a) Excluding capitalized & service fees	\$ _____	\$ _____
b) Capitalized & services fees	\$ _____	\$ _____
c) Projected Gross Billings (Advertising Expenditures Current Fiscal Year)	\$ _____	\$ _____
- (iii) Does agency produce any radio or television programs? [] Yes [] No
 If yes, list productions and details of each program presently on the air.

- (iv) List principal advertising media with percentages.
 TV _____% Magazine _____% Brochures _____% Radio _____% Billboards _____% Other _____%

(v) List of 5 largest clients/products:

.....

h. Miscellaneous:

(i) Other Published Materials (i.e., charts, graphs, maps, audio-visual aids, greeting cards, posters, etc.)

Type	Gross Sales
_____	\$ _____
_____	\$ _____
_____	\$ _____

(ii) Printing for third parties:

Type	Receipts
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. ADDITIONAL INFORMATION

Please submit the following:

- a. Brochure or list of current book titles, films, programming, etc.
- b. Latest Annual Report
- c. Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- d. Sample of each publication (except books), if applicable.
- e. Sample of advertising, if applicable.

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

Name of Applicant

.....

Title (Officer, partner, etc.)

Signature of Applicant

.....

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.