



# eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

## Newspaper Application

All Questions Must Be Answered Completely.  
Attach Additional Sheet If Necessary.  
All Attachments Must Be Included With This Application.

**NOTE:** Unless the policy form provides coverage for Defense Costs in Additional to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

1. **Applicant Information** — This entity will be identified as the **Named Insured**.

Named of **Applicant**: \_\_\_\_\_

Identify all entities to be insured by the policy, including trade names, and advise of relationship to **Applicant**

\_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Year Established \_\_\_\_\_ Web Address \_\_\_\_\_

Corporation     Partnership     Individual     Other \_\_\_\_\_

2. **Coverage Information** (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ \_\_\_\_\_ Retention per claim \$ \_\_\_\_\_

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years in respect to scheduled publications \_\_\_\_\_

Was counsel retained to answer, object or otherwise respond to the subpoena?       Yes     No

3. **Scheduled Newspapers**

Annual Gross Revenues from Newspaper Publishing:

United States:    \$ \_\_\_\_\_

Canada:    \$ \_\_\_\_\_

International:    \$ \_\_\_\_\_

Annual Gross Revenues from Commercial Printing Services:

United States:    \$ \_\_\_\_\_

Canada:    \$ \_\_\_\_\_

International:    \$ \_\_\_\_\_

Identify international publishing activities, by country, outside the United States and Canada.

Please identify Scheduled Publications. Attach a separate sheet if more than three publications:

	(A)	(B)	(C)
Name	_____	_____	_____
Location	_____	_____	_____
Frequency	_____	_____	_____
Date of First Publication	_____	_____	_____
Circulation Number	_____	_____	_____
Circulation Area †	_____	_____	_____
News/Feature Service Content	_____ %	_____ %	_____ %
Non-Employee Contribution ††	_____ %	_____ %	_____ %
Special Interest or Focus ‡	_____	_____	_____
Investigative Reporting	_____ %	_____ %	_____ %

- † Circulation Area: international (specify), national, regional, statewide, metropolitan, community, rural or campus.
- †† Advise percent of content provided by freelancer, stringer or unpaid correspondent.
- ‡ Identify percent of content that is religious, political, alternative lifestyle, ethnic or other focus.

**4. Systems, Operations and Loss Prevention**

**A. Media Counsel**

- Are in-house or local counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues?  Yes  No
- Is counsel on retainer?  Yes  No
- Does counsel conduct a prepublication review?  Yes  No
- Is counsel consulted regarding intellectual property issues?  Yes  No

Name of in-house counsel \_\_\_\_\_ Telephone \_\_\_\_\_

Name of local firm \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Firm contact \_\_\_\_\_

**B. Advertising Procedures and Operations**

Do any of the publications have in-house advertising departments?  Yes  No

Gross Annual Advertising Revenues \$ \_\_\_\_\_

Does the **Applicant** create advertisements for third parties?  Yes  No

If "yes," are hold harmless or limitation of liability clauses utilized?  Yes  No

Are classified advertisements edited?  Yes  No

**C. Loss Prevention**

Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights?  Yes  No

If "yes," please advise \_\_\_\_\_

Does the **Applicant** engage in any online activities?  Yes  No

If "yes," please advise \_\_\_\_\_

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights?  Yes  No

Have procedures been implemented regarding the recycling of file footage, outtakes, notes, cassette tapes and any electronic versions thereof?  Yes  No

Have procedures been implemented regarding corrections and retractions?  Yes  No

Does the **Applicant** engage in any undercover investigative reporting?  Yes  No

If "yes," describe procedures to ensure accuracy of content. \_\_\_\_\_

Please identify memberships in any professional organizations \_\_\_\_\_

**D. Independent Contractors**

Does the **Applicant** utilize independent contractors, such as freelancers, website developers, graphic designers, stringers or photographers to create content for scheduled newspapers?  Yes  No

Are independent contractors required to execute hold-harmless agreements?  Yes  No

Are independent contractors required to provide proof of insurance?  Yes  No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or other content on the Internet?  Yes  No

**5. Insurance and Claim Information**

Has the **Applicant** or any subsidiary been involved in a media liability lawsuit in the past five years?  Yes  No

If "yes," please attach complete details including the amount of defense costs, application retention, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Provide details in an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

Does the **Applicant** know of any situation that could give rise to a claim?  Yes  No

If "yes," please attach complete details and advise whether the claim has been reported.

**(In the State of Missouri, the following question does not apply.)**

Have any media liability insurers ever canceled or non-renewed coverage?  Yes  No

If "yes," please advise \_\_\_\_\_

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media. \_\_\_\_\_

Was counsel retained to answer, object or otherwise respond to the subpoena?  Yes  No

Has the **Applicant** had media liability insurance in the past three years?  Yes  No

If "yes," please identify the following or attach declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**6. Attachments** — Please submit the following to complete your Application:

- Current financial statement or corporate annual report;
- Sample copies of standard hold-harmless agreements utilized with advertisers and independent contractors;
- Two consecutive copies of each publication to be insured;
- Promotional materials regarding the services or operations of **Applicant**; and
- If operation ongoing for less than three years, please include resumes of principals.

**Fraud Warning**

Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance 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 the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

**PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.**

The statements made in this Application for insurance and in any attachments are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Title \_\_\_\_\_  
(Director, Partner or Principal)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If this is your Agency's first submission to eKo Specialty:**

Name \_\_\_\_\_ License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Agency \_\_\_\_\_ Agency Tax Payer I.D. \_\_\_\_\_

Address \_\_\_\_\_ City and State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_