



eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

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

Publishers Application

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

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 Site Address _____
 Corporation Partnership Individual Other _____

2. Scheduled Newspapers

Annual Gross Revenues from
Newspaper Publishing:

United States: \$ _____
 Canada: \$ _____
 International: \$ _____

Annual Gross Revenues from
Commercial Printing Services:

United States: \$ _____
 Canada: \$ _____
 International: \$ _____

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

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

† Circulation Area: international, 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.

3. **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

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

If "yes," do advertising agreements include hold harmless or limitation of liability clauses in favor of applicant? 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

Does the **Applicant** engage in any online activities other than a general web site? Yes No

If "yes," please advise _____

Do employees develop or control website content? Yes No

If yes, are they trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No

Are written procedures in place regarding:

1. recycling of file footage, notes, cassette tapes and any electronic versions thereof? Yes No

2. corrections and retractions? Yes No

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

If "yes," attach description of procedures to ensure accuracy of content.

Is **Applicant** a member of their state Press Association or the NNA? Yes No

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

4. 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," attach complete details including the amount of monies spent for both defense and loss. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved. Also, 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.

How many subpoenas has the Applicant been served in the past three years regarding scheduled publications? _____

Was counsel retained to answer, object or otherwise respond to the subpoena?

Yes No

(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 _____

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. | _____ | _____ | _____ | _____ | _____ |

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

- Sample hold-harmless agreements used with advertisers and independent contractors;
- Current copy of each publication to be insured;
- Current financial statement or corporate annual report; and
- If current ownership is less than three years, include resumes of editor and publisher.

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 _____