



MUTUAL INSURANCE COMPANY LIMITED

NEW YORK PRESS ASSOCIATION- GLOBAL MULTIMEDIA LIABILITY APPLICATION FORM

Protecting Your Pursuit of Truth™

N.B. Submission of this application form incurs no liability to purchase or bind insurance, nor does it impose liability on Mutual Insurance Company "MIC" to accept or bind the proposal for insurance.

SECTION 1 | Company Information

1. Applicant Name:

2. Head Office Address:

3. State of Incorporation:

4. Date Established:

5. Website(s) and Social Media Handle(s):

6. For the applicant and each entity to be included under the proposed coverage, attach a copy of the latest annual report, plus:

	<u>Attached</u>	<u>N/A</u>
For U.S. Publicly Traded Companies: 10-K	<input type="checkbox"/>	<input type="checkbox"/>
For U.S. Privately Owned Companies: Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>
For Non-U.S. Companies: Financial Statements	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
7. Is coverage required for subsidiaries, affiliates, branch offices, or other related entities?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, is an up-to-date company structure chart and revenue split attached?</i>	<input type="checkbox"/>	<input type="checkbox"/>

8. Within the past 5 years, has the applicant:

- Changed Name?
- Changed Ownership Structure
- Purchased, acquired, divested, consolidated or merged with another entity?

If yes to any of the above please provide or attach details:

9. If the applicant is part of any professional associations or trade groups please provide details:

SECTION 2 | Company Revenues

10. Currency: _____	Total	US	International
Prior Year:			
Current Year:			
Upcoming Year (est.):			

SECTION 3 | Business Activities

11. Describe your business activities, providing a percentage breakdown if appropriate:

12. Please complete the following table for all publications (or attach in excel format):

Title	Type of Content	Est. Weekly Circulation	Frequency (e.g. daily, weekly)	Years in Circulation

13. For all content published complete the following:

Type of Content	Percentage Split	Produced By You	Produced By Others
Biographical/Autobiographical	_____ %	_____ %	_____ %
Children's	_____ %	_____ %	_____ %
Financial/Investment	_____ %	_____ %	_____ %
General Fiction	_____ %	_____ %	_____ %
News, Current Affairs, Politics	_____ %	_____ %	_____ %
Medical, Technical, Scientific	_____ %	_____ %	_____ %
Religious	_____ %	_____ %	_____ %
Trade/Business	_____ %	_____ %	_____ %
Other (please state): _____	_____ %	_____ %	_____ %

SECTION 4 | Risk Management

14. Describe or attach your procedures for identifying the owner of, and for obtaining licenses, permissions, and agreements for the use of, third party created content (e.g. copyrighted materials, trademarks etc.):

15. Describe or attach your procedures for ensuring accuracy and originality of content, including title, and authenticity of source:

16. Do your Authors provide a standard level of indemnification through publishing contracts? Yes No
If yes, please give details, if no please explain:

17. Are letters to the Editor edited/reviewed? Yes No
If no, describe how you protect your interests:

18. Are hold harmless agreements executed with Advertisers and Advertising Agents? Yes No
If no, please explain:

19. Do you use a legally approved disclaimer for technical information or advice? Yes No
If no, please explain:

20. Do you have formalized written guidelines for handling retraction or correction requests? Yes No
If no, please explain:



21. Do you publish any investigative or exposé content? Yes No

If yes:

- What percentage of content is investigative or exposé in nature? _____%
- Do you rely on confidential sources? Yes No
- Do you use hidden cameras or microphones, go undercover, or use other similar methods of information gathering? Yes No
- Do you participate in ride-alongs with law enforcement, medical services or private investigators? Yes No

If yes to any of the above please describe or attach your editorial processes, your practices for documenting and verifying sources, and any additional risk management &/ pre-publication procedures:

22. Details of legal counsel:

	Contact Name	Firm	Years Experience
Internal:			
External:			

23. Is all content legally reviewed and cleared prior to publication? Yes No

If no, describe your internal processes to trigger a legal review of content:

24. Describe your process and/or triggers for referrals to external legal counsel:

25. Under what circumstances would legal advice not be adhered to?

26. Describe the frequency and nature of any training your employees, undergo in respect of media liability issues:



SECTION 5 | Professional Services

If this cover is not required please indicate:

27. If not outlined above please describe your professional services, providing a percentage breakdown if appropriate:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 28. Do you only carry out work under written contract signed by both parties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are contracts subject to legal review prior to signing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do your contracts: | | |
| - Clearly outline the scope of services to be provided, including applicable timelines or deadlines? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Provide for mid-term review and/or milestone approval by clients? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Provide for final client approval and/or sign-off on deliverables or services? | <input type="checkbox"/> | <input type="checkbox"/> |

31. Do you limit your liability under contract?

To what extent is liability limited (e.g. value of contract, percentage of fees etc.)?

- | | | |
|---|--------------------------|--------------------------|
| 32. Do you engage sub-contractors, freelancers, consultants or any other independent third party professionals? If yes: | <input type="checkbox"/> | <input type="checkbox"/> |
| - Do you only engage independent third parties under written contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| - Are third parties required to carry their own professional liability insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

If no to any of the questions above, please explain:

SECTION 6 | Cover Required

33. Please indicate desired coverage:
 Coverage Basis: Choose an item. Retroactive Date: _____
 Limit Option/s: _____
 Retention Option/s: _____ Co-Insurance: _____%
34. Prior Coverage:

Insurer	Limit	Retention	Coverage Basis	Annual Premium

35. Has coverage ever been declined, denied, or cancelled for any reason: Yes No
 If yes, please provide details:

SECTION 7 | Claims History

36. Provide a loss run in excel format for the preceding 10 year period organized on a ground-up basis by individual claimant. If this data is not available please provide an annual claim summary including claims count and total gross incurred, as well as a claim summary.
 Attached N/A
37. Are applicants aware of any actual, alleged, or suspected cause, event, incident or condition associated with on-going, divested, and/or discontinued operations/entities that might reasonably be expected to give rise to a liability loss or damages?
 Yes No
- If yes, please attach details: Attached N/A

SECTION 9 | Attestation

I hereby affirm on behalf of the Applicant(s) that the information provided in response to the questions above, whether provided within this application, attached, appended, or otherwise provided in conjunction with the Applicant(s) response is true, correct, and contains no material or intentional misrepresentations.

Name: _____ Signed: _____
 Title: _____ Dated: _____