



NOTICE: CELERITY RISK'S CONVERG[IN] MEDIA SOLUTIONS POLICY IS A MODULAR POLICY THAT CAN BE CUSTOMIZED TO PROVIDE COVERAGE FOR MEDIA LIABILITY, ADVERTISING LIABILITY, MISCELLANEOUS ERRORS AND OMISSIONS, AND NETWORK SECURITY & PRIVACY. PLEASE DESCRIBE YOUR BUSINESS OPERATIONS BY COMPLETING THIS APPLICATION. WE WILL PROVIDE AN INSURANCE PROPOSAL AND WORK WITH YOUR INSURANCE AGENT TO PUT TOGETHER A POLICY THAT BEST SUITS YOUR NEEDS.

NOTE THAT CERTAIN COVERAGE PARTS OF THIS POLICY APPLY ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. IN SUCH CASES NO COVERAGE EXISTS FOR CLAIMS MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. COSTS OF DEFENSE INCURRED UNDER THE LIABILITY AND NON-LIABILITY COVERAGE PARTS OF THIS POLICY SHALL REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY ALL OTHER LOSS.

A. APPLICATION INSTRUCTIONS

To obtain a quote for insurance, simply follow these steps:

1. Fill out the **General Information Section**.
2. Fill out **all additional sections that pertain to the Applicant's business**. When filling out this Application, please be sure to include all requested information and supply attachments where requested.
3. Fill out the **Claims Experience Section**.
4. Sign and date this form on the last page.

B. GENERAL INFORMATION

1. Name of Applicant/Legal Entity: _____
2. Street Address: _____
3. City, State, Zip: _____
4. List Owned and/or Operated Website(s) & Social Media handles of all entities:

5. The Officer designated as agent of the Applicant and of all **Insured Persons** to receive any and all notices from the **Insurer** or their authorized representatives concerning this insurance:

Name: _____ Title: _____

Email address: _____ Phone: _____
6. The Applicant has continuously operated since (MM/YY): _____ State of Incorporation: _____
7. Total number of employees: _____
8. Briefly describe the nature of the Applicant's business:

9. Detailed Description of **Content** Created, Produced, Published, Licensed, Distributed, and/or Disseminated by You:

10. Detailed Description of Media and/or Miscellaneous Professional **Services** you provide to Others:

11. In the space below or by attachment to this Application, provide the name, percentage of direct or indirect ownership, and nature of operations of **all Subsidiaries** and **Joint Ventures** (including Subsidiaries of Subsidiaries).

If "None", please indicate: ☐ None

**** IT IS UNDERSTOOD AND AGREED THAT COVERAGE MAY NOT BE PROVIDED FOR SUBSIDIARIES UNLESS LISTED ABOVE OR BY ATTACHMENT. ****

12. If the Applicant is owned by another company, indicate the name and principal address of the other company:

13. **REVENUES:**

***In addition to the summary below, please provide a copy of the most recent YE Audited Financials for the Applicant**

GROSS REVENUE	Total Revenue at most recent Year End	Total Anticipated Revenue for Current Year	Total Projected Revenue for Next Year
Media Content Revenue:			
Media Professional Services Revenue:			
Other:			
Total Gross Revenue:			

14. Total assets of the Applicant at the most recent year end:

C. MEDIA CONTENT & ADVERTISING ACTIVITIES

15. Is the Applicant in the business of publishing, broadcasting, streaming, or otherwise producing or distributing content?

☐ Yes ☐ No

16. Please describe in the space below the types of content that you produce or distribute, following the examples in the first two lines. Please provide separate entries for print and online versions of publications. Please provide sample copies of print publications where possible.

Name	Description	Approximate Circulation	Frequency of Distribution	Region of Distribution	Summary of Content
<i>Sample 1—The Daily Standard</i>	<i>Online News Publisher</i>	<i>30,000 Daily Viewers</i>	<i>Daily</i>	<i>Online Local</i>	<i>General local news and information</i>
<i>Sample 2 – WXYZ</i>	<i>Radio Station</i>	<i>4,000 Peak Listeners</i>	<i>24 Hours Per Day</i>	<i>Regional</i>	<i>Easy listening with occasional news and talk radio</i>

17. With respect to the media activities set forth above, please identify the percentage of content created in-house and the percentage supplied by third-parties. With respect to third-party content, please identify the sources of such content and state whether or not the Applicant has obtained the necessary licenses or releases with respect to such content.

Nature of Content	Percentage created by Applicant	Percentage supplied by third-parties	Source(s) of third-party content	Have all releases/licenses from such third parties been obtained?

18. Does the Applicant have access to experienced in-house or outside legal counsel for consultation regarding the Applicant's media activities? ☐ Yes ☐ No

If "Yes", please provide name and address: _____

19. Does the Applicant utilize in-house or outside legal counsel for consultation regarding the Applicant's advertising and marketing activities? ☐ Yes ☐ No

If "Yes", please provide name and address: _____

20. Does Applicant provide training, continuing education, and/or relevant seminars for employees/contractors involved in creating or distributing content with regard to legal risks and responsibilities? ☐ Yes ☐ No

If "Yes", please describe: _____

21. Does the Applicant accept user-generated content on any of its websites? ☐ Yes ☐ No

If "Yes", is the Applicant compliant with the safe harbor provisions of the Digital Millennium Copyright Act, including designating an agent with the U.S. Copyright Office? ☐ Yes ☐ No

If "No", Explain: _____

22. Does the Applicant utilize the services of one or more outside advertising/marketing agencies? If so, please identify such agency(ies) and **attach a copy of your contract with such agencies** (if any):

23. a. What is your annual advertising budget for the most recent 12-month period: \$_____

b. What is your projected advertising budget for the next 12-month period: \$_____

24. Please identify below the types of advertising/marketing activities in which the Applicant engages:

- | | | |
|---|---|--|
| <input type="checkbox"/> Print advertising | <input type="checkbox"/> Facebook, Twitter or other social networking | <input type="checkbox"/> Email blasts |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Magazine, catalogue or other publishing | <input type="checkbox"/> Product placement |
| <input type="checkbox"/> Radio/Television Advertising | <input type="checkbox"/> Use of celebrity spokespersons | <input type="checkbox"/> Website advertising |
| <input type="checkbox"/> Traditional mail campaigns | <input type="checkbox"/> Film and video | <input type="checkbox"/> Other _____ |

25. How many trademarks does the Applicant own? _____

26. Approximately how many new trademarks does the Applicant plan to introduce in the upcoming 12-month period? _____

27. Does the Applicant have a process in place to prevent infringement prior to introducing new trademarks? ☐ Yes ☐ No

If "Yes", please describe: _____

28. Does the Applicant produce, license, or distribute products (Merchandise)? ☐ Yes ☐ No

If "Yes," please answer questions 29-31.

29. Do these products contain any creative design elements? ☐ Yes ☐ No

If "Yes," please describe: _____

30. Are these product designs created by the Applicant's employees or by third parties? Please explain:

31. Please provide a detailed description of the applicant's clearance procedures for all intellectual property used in connection with **Merchandising Activities**, including the review of all artwork, logos, symbols, trademarks, etc.

32. Does the applicant create or utilize NFTs (non-fungible tokens)? ☐ Yes ☐ No

If "Yes", please describe your use of NFTs: _____

33. Please describe the clearance procedures used for NFT content: _____

34. Does the applicant use Artificial Intelligence (AI) to create content or otherwise use content generated by AI? ☐ Yes ☐ No

If "Yes", please describe your use of AI content: _____

35. Please describe the clearance procedures used for AI content: _____

D. MEDIA / MISC. PROFESSIONAL SERVICES PROVIDED TO OTHERS

36. Does the Company perform any services for others, including advertising & marketing, consulting, event planning, talent management, video production/post-production, visual effects, web design, etc.? ☐ Yes ☐ No

If "Yes", complete Questions 37-44.

37. What is the total number of customers/clients to whom the Applicant currently provides these services: _____

38. Do you enter into written contracts with all clients? ☐ Yes ☐ No

If "Yes," please provide a **sample copy of your standard contract**.

If "No," please explain how you set forth the terms of your engagement with your clients.

39. Do you require client's final sign-off for any content or products created by you? ☐ Yes ☐ No

40. Please identify the Applicant's three largest clients/customers in the past 12 months, the value of the contract and the general nature of the work provided:

Name of Client/Customer	Value of Contract & Term Length	Nature of Work Provided

41. What percentage of services are performed by **Independent Contractors** on your behalf? _____

42. Describe services performed by **Independent Contractors**? _____

43. Please provide a detailed description of controls in place by the Company to ensure the quality of the work provided by Independent Contractors:

44. Do you anticipate providing any new or additional services over the next 12 months? ☐ Yes ☐ No

If "Yes," please explain: _____

E. CLAIMS EXPERIENCE

45. Have there been during the last 5 years, or are there now pending, any claims, suits, or proceedings brought against the Applicant or any of the Applicant's subsidiaries, arising out of the activities described in this Application? ☐ Yes ☐ No
a. If Yes, please provide details of incident, current status, and amounts paid to date: _____

46. Is the Applicant, the individual signing this Application, or any of the Applicant's principals, officers, or directors aware of any fact or circumstances reasonably likely to give rise to a claim arising out of the activities described in this Application?

☐ Yes ☐ No If Yes, please provide detail of incident and current status: _____

47. Has the Applicant received any cease and desist or "Takedown" orders in the past 3 years? ☐ Yes ☐ No

a. If Yes, please advise nature of order and Applicant's response to such order: _____

48. Has the Applicant received any subpoenas in the past 3 years? ☐ Yes ☐ No

a. If Yes, please advise nature of subpoena and Applicant's response to such order: _____

49. Has the applicant suffered any privacy or data security breach in the last five years? ☐ Yes ☐ No

If "Yes" to ANY of the above, provide details in an attachment to this Application including the nature of the claim/incident, date of occurrence, claimant, total defense costs, judgments and/or settlements.

IT IS UNDERSTOOD AND AGREED THAT ANY CLAIM ARISING FROM ANY PRIOR OR PENDING PROCEEDING, OR KNOWN FACT OR CIRCUMSTANCES, IS EXCLUDED FROM THE PROPOSED COVERAGE.

F. DESIRED COVERAGES

50. Does the Applicant currently have in place, or has the Applicant had in place in the past, any media liability, advertiser's liability, professional errors and omissions, or cyber security & privacy coverage? ☐ Yes ☐ No

If "Yes," please provide the information below:

Type of Coverage	Carrier	Limit of Liability	Retention	Premium	Most Recent Policy Period

51. Does the Applicant currently have General Liability coverage in force? ☐ Yes ☐ No
a. Does GL Coverage include Personal Injury and/or Advertising Injury? ☐ Yes ☐ No

52. Please set forth the limit of liability and retention options that the Applicant is interested in considering:

Desired Limit: \$_____

Is this limit being required by contract? ☐ Yes ☐ No **If so, please provide a copy of such contract.**

Desired Retention: \$_____

G. FRAUD WARNINGS

GENERAL: 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.)**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: 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 fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: 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: 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.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: 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 fines and confinement in prison.

MAINE: 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.

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

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

NEW MEXICO: 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.

NEW YORK: 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.

OHIO: Any person who, with intent to defraud or knowing that he 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.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: 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 fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: 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 denial of insurance benefits.

WEST VIRGINIA: 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 fines and confinement in prison

H. MATERIAL CHANGE

If there is any material change in the answers to the questions in this Application prior to the inception date of any policy that may be issued, the Company must notify the Insurer in writing and any outstanding quotation or binder may be modified or withdrawn.

The undersigned Officer of the Applicant declares that to the best of his or her knowledge the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every Director and Officer proposed for this insurance to facilitate the proper and accurate completion of this Application. The undersigned further agrees that if any significant adverse change in the condition of the applicant is discovered between the date of this Application and the effective date of the Policy, which would render this Application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately. The signing of this Proposal Form does not bind the undersigned to purchase the insurance.

With respect to any Liability Coverage Part, it is agreed by the Company and the Insured Persons that the particulars and statements contained in this Application and any information provided herewith (which shall be on file with the Insurer and be deemed attached hereto as if physically attached hereto) are the basis of this Policy and are to be considered as incorporated in and constituting a part of this Policy. It is further agreed by the Company and the Insured Persons that the statements in this Application or any information provided herewith are their representations, they are material and this Policy is issued in reliance upon the truth of such representations; provided, however, that except for material facts or circumstances known to the person who signed this Application, any misstatement or omission in this Application or information provided herewith in respect of a specific Wrongful Act by a particular Insured Person or their cognizance of any matter which they have reason to suppose might afford grounds for a future Liability Claim against them shall not be imputed to any other Insured Person for purposes of determining the validity of this Policy as to such other Insured Person.

This Application must be signed by the Chairman of the Board, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer of the Company or Authorized Business Manager.

Printed Name of Authorized Signator

Signature

Title

Date

NOTE: This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including any additional applicable documentation to:
Celerity Risk
CR-Media@celerityrisk.com