

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

Advertising Agency Insurance 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 Addition 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**.)

Name 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 _____

Applicant's area of specialization _____

2. Coverage Information

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

3. Advertising Services — Please apply a percentage to all that apply:

Public Relations	_____ %	Literary Agent	_____ %
Package Design	_____ %	Trademark Design	_____ %
Product Design	_____ %	Advertising Placement	_____ %
Product Display	_____ %	Video and Film Production	_____ %
Product Testing	_____ %	Music Composition	_____ %
Printing	_____ %	Contest/Sweepstakes Design	_____ %
Photography	_____ %	Merchandising	_____ %
Market Research	_____ %	Web Site Design	_____ %
Other	_____ %	Please Describe	_____

4. **Advertising Medium** — Percentage of work in the following areas:

Internet	_____ %	Promotions	_____ %
Catalog/Mail Order	_____ %	Outdoor	_____ %
Telephone	_____ %	Coupons	_____ %
Sweepstakes	_____ %	Infomercial	_____ %
Brochures	_____ %	Radio	_____ %
Television	_____ %	Merchandise	_____ %
Newspaper	_____ %		
Other	_____ %	Please Describe	_____

5. **Advertised Products** — Please assign a percentage to the following, if applicable:

Tobacco	_____ %	Firearms	_____ %
Alcohol	_____ %	Pharmaceuticals	_____ %

6. **Annual Revenues**

Annual Gross Revenues (or billings): \$ _____

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

Annual Income \$ _____

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

7. **Advertising Procedures, Operations and Loss Prevention**

A. **Media Counsel**

Is in-house or local counsel consulted regarding complaints, clearance procedures, hold-harmless agreements, disclaimers and licensing issues? Yes No

Is local counsel on retainer? Yes No

Does counsel review advertising? Yes No

Name of in-house counsel _____ Telephone _____

Name of law firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Law firm contact _____

B. **Operations and Loss Prevention**

Does **Applicant** develop, design and place advertising? Yes No

Does applicant develop any trademark? Yes No

If yes, approximately how many trademarks are developed annually? _____

Are trademark searches performed? Yes No

Do employees execute creative releases? Yes No

Does the client review and "sign-off" on advertising? Yes No

Are hold harmless or limitation of liability clauses utilized? Yes No

Please identify major clients _____

Does the **Applicant** preserve a paper-trail in respect to marketing ideas and advertising campaigns? Yes No

Do independent contractors provide matter or services for advertising, i.e. graphics, talent, product testing, web design or music composition? Yes No

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

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

Do models and nonprofessional models execute releases? Yes No

Please identify memberships in advertising associations or trade groups _____

8. Insurance History and Claim Information

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.

Provide details regarding any open claims or litigation resulting from media activities occurring more than 5 years ago. _____

Has the **Applicant** or any subsidiary been involved in a lawsuit or claim in the past five years arising from advertising activities? Yes No

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

Has the **Applicant** ever been fined or reprimanded by the Federal Trade Commission, Canadian Radio — Television and Telecommunications Commission or other administrative agency in connection to advertising? Yes No

If "yes," please advise _____

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

Has advertising liability coverage ever been cancelled or nonrenewed? Yes No

If "yes," please advise _____

Has the **Applicant** had advertising liability coverage in the past three years? Yes No

If "yes," please identify the following or attach a copy of the policy declarations:

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

Does the **Applicant** currently have general liability coverage? Yes No

Completed Products and Operations Coverage Yes No

Personal Injury Coverage Yes No

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

- ✓ Current financial statement or corporate annual report;
- ✓ Specimen copy of standard contracts utilized with clients and independent contractors;
- ✓ Marketing brochures or detailed description of **Applicant's** services; and
- ✓ If in business 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 First Media;

Name _____ License No. _____ Exp. Date _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____ E-Mail _____