

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700
St. Louis, MO 63105

MEDIA LIABILITY APPLICATION

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY CLAIM EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR CLAIM EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT.

Named Applicant: _____ Telephone: _____

Address: _____ Facsimile: _____

State of Incorporation: _____ Date Established: ___/___/___

Primary Web Page: _____

Contact Person: _____ Title: _____

e-mail: _____

Limit of Liability Desired: _____

Retention Desired: _____

The words "you," "your" and "Applicant(s)" refer to the Named Applicant and all the other entities applying for coverage. If your answer to any question in this Application requires additional space, please complete your answer on an attachment.

1. Please describe your business activities and any anticipated changes to same:

Named Applicant _____

Date _____

2. Does the Applicant have a fifty percent (50%) or more ownership interest in any entity?

Yes No If "yes," for each entity provide the information indicated:

If included as an attachment, check here:

Name of Entity	Percentage of Ownership	Acquisition or Formation Date	Services Performed
	%		
	%		
	%		

3. Provide your gross annual revenues, including those of any entity listed in Question #2: (Use actual where available, expected otherwise.)

Year	Revenues	Percentage from foreign sales
Past fiscal year	\$	%
Current fiscal year	\$	%
Projected fiscal year	\$	%

4. Please provide the percentage of such recent fiscal year's revenues derived from the following activities:

Activity	Of Total Revenue	For Yourself	For Others
Publishing	%	%	%
Music	%	%	%
Books	%	%	%
Magazines	%	%	%
Newspapers	%	%	%
Broadcasting	%	%	%
Television	%	%	%
Internet	%	%	%
Cable	%	%	%
Satellite	%	%	%
Radio	%	%	%

Named Applicant _____

Date _____

	%	%	%
Production			
Television	%	%	%
Film	%	%	%
Music	%	%	%
Advertising	%	%	%
Other (attach description)	%	%	%

5. List your publications and, for each of them, provide the information indicated.

Publication	Type	Percentage Publishing Revenue (%)	Circulation		
			Average	Location	Frequency

For Type: NM = Newspaper/Magazine, BP = Business Periodicals, TJ = Trade Journals, TD = Telephone Directories, F = Fiction/Literature, NF = Non-Fiction/Self-Help and PM = Promotional Materials. Otherwise, attach description.

6. List your broadcasting stations, and for each provide the information indicated.

Broadcasting Station (Call Letters)	Location	Type	Band	Content

For Type: R = Radio, TV = Television/Cable Methods: I = Independent, NT = Network, P = Public, E = Educational, R = Religious, NW = All News, T = Talk Shows/Shock Jocks and IM = Infommercial. Otherwise, attach description.

7. Please describe the procedures for avoiding potential infringement of copyrights, trademarks, service marks and other intellectual property ("IP") to which the Applicant adheres. As to each such IP type, please indicate: (i) who provides the review; (ii) what

Named Applicant _____

Date _____

employee related policies are in place; and (iii) if outside counsel is involved, the name(s) of such counsel. Attached

8. Indicate the percentage of Applicants' publications, productions and/or broadcasts that are reviewed by:

_____ % in-house counsel _____ % outside counsel (attach list)

9. Please attach copies of your standard contracts with content providers (*i.e.* authors, advertisers, advertising agencies, customers, independent producers and sponsors) and any agreements with third parties that contribute to 5% or more of your media related revenues. Attached

10. Applicants' programming includes:

"investigative" reporting or exposés "action reports" or consumer programs

live talk or interview programs

11. Is a delay device always used during live "call-in" or audience participation broadcasts?

Yes No

12. Is there a review process in place to screen content (including domain names) of the web site? If "yes," is the content of your web site reviewed by a qualified attorney? Does the review include looking for any or all of the following offenses: Libel, Slander, Trademark Infringement, Copyright Infringement, Invasion of Privacy, Inaccurate Information or Trade Secrets?

13. Do you have an established procedure for deleting, editing and removing controversial, offensive (*i.e.* libelous) or infringing material (*i.e.* copyright, trademark) from your web site or Internet service?

14. Do you use material of others (such as text, videos, music, etc.) in any electronic form, including on your web site, or in any electronic database? If "yes," in each case, have you (1) obtained written clearance to use this material which *specifically* permits use in electronic forms including your web site? and (2) scanned the material for viruses?

15. Do your agreements with the developer of your web site and any consultants providing material for your web site provide that you own the intellectual property rights to the content and business methods incorporated into the web site?

16. Has any director, officer, partner, manager, employee or agent of the Applicant been the subject of any disciplinary investigation as a result of professional activity?

Yes No If "yes," attach copies of all significant documents relating to such investigation(s) and describe the underlying conduct.

17. Does any person or entity proposed for insurance have knowledge of any act, error or omission which might give rise to a claim(s) under the proposed policy?

Yes No If "yes," attach a detailed description of such act, error or omission and an explanation of why same might give rise to a claim.

18. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding of the Applicant or any person or entity proposed for insurance?

Yes No If "yes," attach a detailed description of each such litigation, action, proceeding and investigation and all relevant details.

Named Applicant _____

Date _____

Applicant and Insurer agree that with respect to Questions 16, 17 and 18 above, that if such knowledge, litigation, claim, action, proceeding or investigation exists, then any litigation, claim, action, proceeding, investigation or occurrence arising out of, in connection with, relating to or which is a part of (i) such known acts, errors and omissions, or (ii) such existing litigation, claim, action, proceeding or investigation, is excluded from any coverage which may be afforded on the basis of this application.

19. Has any similar insurance requested by Applicant been refused, cancelled or nonrenewed?
(MISSOURI APPLICANTS NEED NOT RESPOND)

Yes No If "yes," attach a description of the details.

20. Please list all of the Applicants' professional liability coverage for past five years:

Carrier	Limit of Liability	Retention	Annual Premium	Policy Period	Prior Acts Date

21. Provide copies of the following for the Applicant:

- Specimen of standard contract
- Marketing Material
- Resumes of Key Professionals
- Current Financials

Named Applicant _____

Date _____

ALL WRITTEN STATEMENTS, SUPPLEMENTAL APPLICATIONS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND THE INFORMATION PROVIDED BY ATTACHMENT HERETO ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION (INCLUDING INFORMATION PROVIDED BY ATTACHMENT HERETO) CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING INDICATIONS, QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

NOTICE TO APPLICANTS: 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.

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

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Date _____

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR 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."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "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."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "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."

NOTICE TO NEW YORK APPLICANTS: "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, 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."

NOTICE TO OHIO APPLICANTS: "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."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY." (365:15-1-10, 36 §3613.1)

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NOTICE TO PENNSYLVANIA APPLICANTS: "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "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."

NOTICE TO VIRGINIA APPLICANTS: "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."

IF A POLICY IS ISSUED, THE APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the Limit of Liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the Limit of Liability of this policy.

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Attest _____

Broker _____

License #: _____

Address _____