

# ADVERTISING AGENCY LIABILITY COVERAGE

## Application for Insurance

**New England Excess Exchange, Ltd.**  
P O Box 650 ~ Barre VT 05641  
800-548-4301 ~ Fax 800-347-4935  
E-Mail: info@neee.com

Submission of completed application incurs no obligation to purchase or bind insurance.  
**Note: All questions must be answered. All requested attachments must accompany application.**

1. Name of Proposed Insured (as it should be stated on your policy if issued): \_\_\_\_\_

2. List other subsidiaries, affiliates and trade names to be included for insurance: \_\_\_\_\_

3. Principal Street Address, City, State, Zip Code: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

(       )

5. Date purchased by present owner: \_\_\_\_\_

6. Is the applicant affiliated with any company, partnership, etc. for which services are rendered?  Yes  No    If yes, please specify. \_\_\_\_\_

7. List major clients and description of their business. \_\_\_\_\_

8. Is applicant a current member of the American Association of Advertising Agencies?  Yes  No

9. Estimated Gross Annual Capitalized Billings and/or Fees for Current Fiscal Period: \$ \_\_\_\_\_  
Complete the following: Show approximate percentage of revenues from the following activities:

Public Relations Consultant:	_____%	Mail order or catalog sales:	_____%
Publishing:	_____%	Broadcasting:	_____%
Production of films, radio or television programs:	_____%	Package/Display/Product Design:	_____%
Photo Service:	_____%	Music Service:	_____%
Promotions/Sweepstakes Development:	_____%	Market Research:	_____%

Please provide details: \_\_\_\_\_

10. Estimated income derived from advertising activities: \$ \_\_\_\_\_

11. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: \_\_\_\_\_

Years of experience in media law- \_\_\_\_\_

### 12. Advertising

A. Has applicant been cited by any regulatory agency for violations arising out of advertising activities?  Yes  No  
If yes, please explain. \_\_\_\_\_

B. Is applicant a "full service advertising agency"?  Yes  No  
If no, state area of specialization: \_\_\_\_\_

C. Does applicant obtain written releases in respect to creative material or talent from the following:

Employees?	<input type="checkbox"/>	<input type="checkbox"/>
Models?	<input type="checkbox"/>	<input type="checkbox"/>
Free-lance photographers, writers, composers, artists, musicians?	<input type="checkbox"/>	<input type="checkbox"/>
Non-professional persons appearing in commercials or advertisements?	<input type="checkbox"/>	<input type="checkbox"/>

D. Does applicant's contract always provide for client approval?  Yes  No  
Attach a specimen copy of client contracts.

E. Does applicant engage in any of the following activities?

Public relations consultant?  
Mail order or catalog sales?  
Publishing?  
Broadcasting?  
Production of films, radio or television programs?  
Package design?  
Photo service?  
If yes, provide details: \_\_\_\_\_

F. If applicant desires coverage for infringement of trademark, please advise if applicant:

1. Develops product names?  
2. Develops package design?  
3. Develops display design?  
4. Performs trademark searches?  
If yes, describe procedures: \_\_\_\_\_

5. Number of trademarks developed per year: \_\_\_\_\_

Please Complete Reverse Side

(D 1995 Media/Professional Insurance

**12. Advertising con't.**

G. If applicant desires coverage for errors and omissions, please advise if applicant:

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Performs market research?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Engages in product testing?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Develops new products for clients?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Provides printing services or assumes liability for printing?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Develops promotions, sweepstakes, contests or games for clients? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, provide complete details. \_\_\_\_\_

H. Is the applicant engaged in any business other than as an advertising agency or public relations firm?  Yes  No If yes, please describe.

1. Does applicant engage in international advertising?  Yes  No If yes, specify approximate percentage of gross billings realized from international advertising and include any other information relating to those activities. Attach a separate sheet.

13. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter disseminated or exhibited in advertising of any kind?

Yes  No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

14. During the past three years, has any similar insurance been issued to the applicant firm?

Yes  No if yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
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15. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? (Not applicable in Missouri.)

Yes  No If yes, give details. Add attachment if needed.

16. Policy limit required:

\$ \_\_\_\_\_

17. Self-insured retention:

\$ \_\_\_\_\_

Note: all policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

**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 IN NEW YORK 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.**

The statements and answers made application and attachments true to the best of my knowledge. I have neither omitted misrepresented any information.

Name \_\_\_\_\_  
(please type or print)

Name \_\_\_\_\_  
(signature of authorized representative)

Title \_\_\_\_\_

Date \_\_\_\_\_

**To complete your application, please submit:**

- n Copies of standard contracts with advertisers, clients, etc.
- n Current financial statement or annual report
- n Advertising materials about applicant's operation

- n An experience resume of key personnel if in business less than three years
- n Description of procedure for processing unsolicited ideas, photographs, manuscripts, etc.

Agent or Broker: \_\_\_\_\_

Address, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_