



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## ADVERTISING AGENCY/COMMUNICATIONS LIABILITY ERRORS & OMISSIONS APPLICATION

### APPLICANT'S INFORMATION

1. Legal name of the business who is the primary applicant and will be the first named insured listed on the policy: \_\_\_\_\_
2. Please list all other business/dba names for which you are seeking coverage under this policy: \_\_\_\_\_
3.  Corporation     Individual     Partnership     Municipality     For Profit     Joint Venture  
 Other: \_\_\_\_\_
4. Please list any names of other entities that you own or manage or that you do business under (such entities are not requesting coverage under this policy): \_\_\_\_\_
5. Primary location address: \_\_\_\_\_
6. County of primary location: \_\_\_\_\_ Date business originally established: \_\_\_\_\_
7. Total number of branches? \_\_\_\_\_ List all addresses for additional branches: \_\_\_\_\_
8. What is your web-site address? www. \_\_\_\_\_
9. What is your phone number? \_\_\_\_\_
10. Has the name or ownership of the entity changed or has any other business been purchased, merged or consolidated with the entity within the last 5 years? Yes  No
11. Does any entity own or control your business or does your business own or control any entity? Yes  No
12. During the past five years, has your name been changed or has any other business purchased, merged or consolidated with you? Yes  No   
For questions 9-11, please fully explain any "yes" response, including the names, dates, and revenue impact involved: \_\_\_\_\_
13. Please list any associations of which you are a member: \_\_\_\_\_

### GENERAL INFORMATION

1. Number of years operated under present ownership? \_\_\_\_\_ Annual Revenues \$ \_\_\_\_\_
2. Coverage requested: Limit of liability \_\_\_\_\_ Retention \_\_\_\_\_

### BUSINESS OPERATIONS

(If additional space is needed, please give details on a separate page.)

3. a. Gross billings \$ \_\_\_\_\_  
Fees \$ \_\_\_\_\_  
**Total** \$ \_\_\_\_\_
- b. Percentage of gross billings in the following media:  
Magazine \_\_\_\_\_% Newspapers \_\_\_\_\_% Outdoor \_\_\_\_\_% Radio \_\_\_\_\_% Television \_\_\_\_\_% Other \_\_\_\_\_%

- c. Percentage of work in the following areas:
- |                     |         |  |         |
|---------------------|---------|--|---------|
| Broadcasting        | _____ % | Production of film, TV or radio programs | _____ % |
| Mail order/catalogs | _____ % | Public relations                         | _____ % |
| Package design      | _____ % | Publishing                               | _____ % |
| Photography         | _____ % | Other (describe)                         | _____ % |

4. Do you specialize in certain kinds of advertising or marketing services?  Yes  No

If Yes, please describe specialization: \_\_\_\_\_

5. Do you engage in advertising activities outside of the United States, its territories and possessions or Canada?  Yes  No

If Yes, what is the amount of foreign: Gross Billings \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_

6. Do you obtain written releases with respect to creative material or talent from:
- |  |  |
|--|--|
| a. Employees   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Models  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Freelancers, photographers, writers, composers, artists, illustrators or musician | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Non-professional persons appearing in commercials or advertisements               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. Do you engage in comparative advertising campaigns?

If Yes, provide name of client and description of the campaign. \_\_\_\_\_  
 \_\_\_\_\_

8. Name of advertising associations or trade groups to which you belong: \_\_\_\_\_  
 \_\_\_\_\_

**RISK MANAGEMENT PROCEDURES AND CLAIM INFORMATION**

9. a. Name and address of attorney and law firm which counsels for controversial material, detamation, copyright, etc. \_\_\_\_\_  
 b. Name of in-house counsel: \_\_\_\_\_  
 c. Does law firm or in-house counsel review controversial material?  Yes  No  
 d. Years of experience in libel law: Law Firm \_\_\_\_\_ years/In-house counsel \_\_\_\_\_ years

10. Have you been cited by an government agency for violations arising out of your advertising activities?  Yes  No

If Yes, provide complete details: \_\_\_\_\_

11. In the last ten years, has the applicant been sued or threatened with suits for libel, slander, invasion of privacy, piracy, plagiarism, infringement of copyright or errors or omissions?  Yes  No

If Yes, attach details of each claim to include amount of plea, judgment or settlement, basis of claim, current status and amount of reserve and legal expenses to date.

**OPTIONAL COVERAGES**

CHECK YOUR PROPOSAL TO DETERMINE IF OPTIONAL COVERAGE(S) APPLY.

12. a. Do you desire coverage for trademark, trade name, service mark or service name?  Yes  No  
 If Yes, describe clearance procedures: \_\_\_\_\_

b. Do you desire coverage for errors and omissions for claims arising from the content of matter in advertising?  Yes  No

**INSURANCE INFORMATION**

13. Prior insurance (last three years):

Policy Period	Carrier	Policy No.	Limit of Liability	Retention	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Has any insurer declined, cancelled or non-renewed similar insurance for which you are applying?  Yes  No  
If yes, provide details.

15. Do you maintain comprehensive general liability insurance?  Yes  No  
Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_  
Policy No. \_\_\_\_\_ Limit of Liability \_\_\_\_\_  
Personal injury coverage is:  Included  Excluded

16. TO COMPLETE YOUR APPLICATION, PLEASE ATTACH:
- a. Promotional materials/brochures describing your services.
  - b. Specimen client contract.
  - c. Specimen creative release forms.
  - d. List of major clients and description of their products or services.
  - e. Current financial statement.
  - f. Experience resume of management (if ownership is less than three years).

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**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 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 an 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 \$5,000 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/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**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 a 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 the 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_