

CapMedia and Entertainment Renewal Application

NOTICE: THIS IS AN APPLICATION FOR THE RENEWAL OF THE APPLICANT'S CAPMEDIA AND ENTERTAINMENT LIABILITY POLICY. PLEASE DESCRIBE ANY CHANGES IN YOUR BUSINESS OPERATIONS BY COMPLETING THIS APPLICATION. THE COMPANY WILL PROVIDE AN INSURANCE PROPOSAL THAT BEST SUITS THE APPLICANT'S NEEDS.

IN THE EVENT THAT A RENEWAL POLICY IS ISSUED TO THE APPLICANT, COVERAGE MAY APPLY ON EITHER A CLAIMS MADE OR AN OCCURRENCE BASIS, AS INDICATED IN EACH COVERAGE SECTION. IF COVERAGE IS PROVIDED ON AN OCCURRENCE BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS ARISING OUT OF WRONGFUL ACTS WHICH TAKE PLACE DURING THE POLICY PERIOD. IF COVERAGE IS PROVIDED ON A CLAIMS MADE AND REPORTED BASIS, THEN COVERAGE APPLIES TO ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD, AND REPORTED TO THE COMPANY IN ACCORDANCE WITH THE POLICY.

CLAIM EXPENSES (THE COSTS OF PROVIDING A DEFENSE TO A CLAIM OR SUIT) MAY REDUCE AND ERODE THE LIMITS OF LIABILITY AVAILABLE TO PAY ANY JUDGMENT OR SETTLEMENT, OR THEY MAY BE PAID IN ADDITION TO THE LIMITS OF LIABILITY, AS INDICATED IN THE RENEWAL POLICY IF ISSUED TO THE APPLICANT.

I. APPLICANT INFORMATION

1.1	Proposed Named Insured (This is how the name and address of the Named Insured will read on the Declarations Page if coverage is bound and a Renewal Policy is issued.):	
	Name:	
	Mailing Address:	
	City, State, Zip:	
	County:	
	Phone:	
1.2	Website Address(es):	

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

II. CHANGES IN OPERATIONS, KEY MANAGEMENT / PERSONNEL AND CONTENT / SERVICES

2.1	Have there been any changes in the nature of the Applicant's operations or management/technical personnel in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please explain:	
2.2	Have there been any additions or changes to the nature of the Applicant's business including any new professional services offered or any new content being created or disseminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe:	
2.3	Is coverage desired for any subsidiary(ies) or other related entity(ies) not already named on the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please explain:	
2.4	Has Applicant changed its name, acquired any business or merged or consolidated with any other entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please complete the following:	

Name of Entity	Transaction		Did Applicant Assume Any	
	Date	Type	Assets?	Liabilities?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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III. REVENUE / GROSS PRODUCTION BUDGET INFORMATION

3.1 Please provide the following Revenue information regarding Applicant's operations or services:

Fiscal Year End Date: _____(mm/dd/yyyy)	Current Year		Next Projected Year	
Media or Film and Entertainment Operations:	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$
Professional Services and/or Technology Services:	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$
Total Gross Revenue:	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$

3.2 If operating in foreign countries, please list those countries which are outside the United States, its territories or possessions, Puerto Rico or Canada:

3.3 For the production(s) the Applicant wants covered (Applicable for Film and Entertainment Coverage only), provide gross productions costs (total budget):

Gross Production Cost / Budget	
US:	\$
Foreign:	\$
Total:	\$

IV. CLAIMS AND POTENTIAL CLAIMS INFORMATION

Please respond to the following questions to the best of your knowledge and belief, after conducting due diligence and inquiry with any individuals who may have knowledge or information about the matters described below.

The term "Applicant" as used below, means any proposed insured, including any individual or entity for whom coverage is sought.

4.1	Is the Applicant aware of any fact, circumstance, situation, demand, error or omission during the past year which can reasonably be expected to result in a claim, suit, or proceeding being made against Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a. If Yes, have all matters been reported to the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If No to 4.1.a., please complete a Supplemental Claim Form.	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. RISK MANAGEMENT, EDITORIAL & LEGAL PROCEDURES FOR MEDIA / FILM COVERAGE

LEGAL ADVICE AND PROCEDURES

5.1	Does in-house legal counsel or outside counsel review the content of all media and film or other entertainment productions, including but not limited to publications, broadcasts, websites, social media, public speeches or statements and advertising materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Have there been any changes to Applicant's inside counsel or outside counsel?	
	If Yes, please provide information below:	

	In-house Counsel	Outside / Clearance Law Firm
Contact Name:		
Phone #:		
Email Address:		
Firm Name:		
Address:		

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MEDIA ACTIVITIES

5.3	Have there been any changes in Applicant's Media Activities in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe:	

FILM AND ENTERTAINMENT ACTIVITIES

5.4	Have there been any changes in Applicant's Film and Entertainment Activities in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe:	

Additional Coverage(s) that may be applicable

VI. PROFESSIONAL / TECHNOLOGY / INTERNET SERVICES NOT APPLICABLE

6.1	Have there been any changes to services provided by Applicant that the Applicant seeks to insure:	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	If Yes, please describe:																
6.2	Please list the Applicant's three (3) largest clients/contracts in the past year:																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 40%;">Client Name</th> <th style="width: 30%;">Services Provided</th> <th style="width: 25%;">Revenue/One Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Client Name	Services Provided	Revenue/One Year	1.				2.				3.			
	Client Name	Services Provided	Revenue/One Year														
1.																	
2.																	
3.																	
6.3	Does the Applicant anticipate providing any new or additional services over the following 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No															
	If Yes, please describe:																

VII. PRIVACY AND NETWORK SECURITY NOT APPLICABLE

7.1	Have there been any changes in Applicant's procedures related to privacy and network security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe:	
7.2	Has the Applicant experienced any privacy or data security breach in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide a detailed description of the data breach, including a description of the costs of damages associated with the breach:	
7.3	Estimate the number of records Applicant stores electronically or in paper files:	
7.4	Does Applicant accept credit cards for goods sold or services rendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) If Yes, how many transactions are processed monthly?	
	(b) Is Applicant in compliance with PCI / DSS standards?	
	If Yes, indicate level of compliance: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
7.5	Has the Applicant conducted a vulnerability assessment, penetration test or other network security assessment in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide vendor name and attach a copy of assessment:	

VIII. FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties.

(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV

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

APPLICABLE IN CO

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.

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APPLICABLE IN FL AND OK

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)*. *Applies in FL only.

APPLICABLE IN KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KY, NY, OH AND PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

APPLICABLE IN ME, TN, VA AND WA

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 and denial of insurance benefits. *Applies in ME only.

APPLICABLE IN NJ

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

APPLICABLE IN OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

IX. REPRESENTATIONS

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

By signing this Application, Applicant represents the following:

- 1. The statements in the Application furnished to the Company are accurate and complete;*
- 2. Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;*
- 3. Those representations are a material inducement to the Company to provide a Quotation;*
- 4. If a policy is issued, the Company will have issued this Policy in reliance upon those representations;*
- 5. The Applicant agrees to notify the Company of any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that may be discovered between the date this Application is signed and the Effective Date of any policy, if issued; and*
- 6. The Company reserves the right, upon receipt of such notice, to change or rescind any Quotation previously offered by the Company.*

This Application must be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application.

Signature of authorized representative of Applicant

Title of Authorized Representative

Type / Print name of authorized representative

Date

E-mail address of authorized representative