

Publishing / Personal Appearances Supplemental Application

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE CAPMEDIA AND ENTERTAINMENT APPLICATION. IT IS SUBJECT TO THE SAME TERMS AND PROVISIONS INCLUDED IN THAT APPLICATION, INCLUDING THOSE CONCERNING REPRESENTATIONS MADE AND STATED FRAUD WARNINGS

Applicant Name:	
	(Proposed Named Insured)

A. BOOK PUBLISHING

A.1 Types of books published:

Type	Percent	Type	Percent
Biography / Autobiography:	%	Investigative:	%
Celebrity:	%	Medical:	%
Classics:	%	Personal Betterment:	%
Fiction:	%	Political / Social Commentary:	%
Finance:	%	Reference / Textbooks:	%
Health / Fitness:	%	Religious:	%
History:	%	Travel:	%
Hobbies:	%	Other, please describe:	%
How-to General:	%		
How-to Technical:	%	Total:	100%

A.2 Does the Applicant have a written procedure for clearing book titles to prevent infringement of any trademark?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.3 Do reporters and journalists engage in investigative reporting or investigative journalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.4 Are authors required to indemnify and hold harmless the Applicant/publisher by written contract or agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.5 Are authors required to warrant the originality of their work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. MAGAZINE / NEWSPAPER PUBLISHING

B.1 Schedule of publications:

Name	Location (City / State)	Frequency	Circulation	Format

B.2 Percentage of duplication if more than 2 publications:	%
B.3 Circulation Area:	

For purposes of determining the Circulation Area (Geographic Market), the following definitions apply:

International:	Has any International Exposure.
No International Exposure:	
Nationwide:	Comprised of at least 40 states.
Regional:	Comprised of multiple states, but less than 40.
Statewide:	Comprised of at least 80% of the cities / towns within a single state.
Local:	Comprised of less than 80 % of the cities / towns within a single state. Includes Metro, Suburban and Rural below.

<input type="checkbox"/> International	<input type="checkbox"/> Nationwide	<input type="checkbox"/> Regional	<input type="checkbox"/> Statewide	<input type="checkbox"/> Metro
<input type="checkbox"/> Suburban	<input type="checkbox"/> Rural	<input type="checkbox"/> Other, please describe:		

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B.4	Please list special publications, such as professional journals, directories, brochures, etc:	
B.5	Are "Letters to the Editor" edited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.6	Do any of the publications focus on investigative reporting or investigative journalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe how editorial staff ensures accuracy of content:	
B.7	Percentage of content contributed by the following:	

	Percent		Percent
Employees:	%	News / Feature Services:	%
Freelance Writers / Stringers:	%	Volunteers:	%

C. AUTHOR – BOOK / JOURNAL / ARTICLE / PLAY

C.1	Title of work to be insured:
C.2	Name and Address of Publisher:
C.3	Synopsis of publication:
C.4	Projected publication date:
C.5	Type of Work:

Type	Type
<input type="checkbox"/> Celebrity / Tell-all	<input type="checkbox"/> Poetry
<input type="checkbox"/> Fiction	<input type="checkbox"/> Religious
<input type="checkbox"/> Historical / Biographical	<input type="checkbox"/> Social / Political Commentary
<input type="checkbox"/> How to	<input type="checkbox"/> Technical
<input type="checkbox"/> Investigative Reporting / Expose	<input type="checkbox"/> Other, please describe:

C.6	Will work be self-published?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, describe how work will be distributed:	
C.7	Does the work include information on living persons or events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, has author / publisher verified the accuracy of information provided by sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain:	
C.8	Does the work include information on a deceased person or events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, have written releases been obtained from personal representatives, heirs or owners of such rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, please explain:	
C.9	Have written releases been obtained from persons or entities:	
	(a) Quoted or paraphrased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Appearing in photographs or artistic representations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) Contributing material to the work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No for (a), (b) or (c), please explain in detail:	
C.10	Has the work been reviewed by legal counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide a copy of counsel's vetting letter.	
C.11	Will work be revised, serialized or published in a condensed version during proposed policy term? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Please specify details:	
	(b) Estimated revenues:	
	(c) Attach contract with publisher.	
C.12	Describe any related materials or activities contemplated in conjunction with the work, such as tapes, CD's, audio-visual aids, movie rights, advertising/promotional activities:	

D. PERSONAL APPEARANCE / MEDIA CONTRIBUTOR

D.1	Public speaking engagements, guest appearances on television, radio or internet programs:
	(a) Number of engagements or appearances per year:
	(b) Please describe the program format, Applicant's participation in the program and content discussed:
D.2	Contributing editor, author, free lance writer or advisor for third party publications:
	(a) Please list publications which Applicant has been a contributor or advisor:
	(b) Please describe the general subject matter of articles:
D.3	Appearances as an actor, announcer, spokesperson or endorser for third party advertisements or any products or services:

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	(a) Number of appearances per year:	
	(b) List clients for which the Applicant has made appearances:	

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date