

## Advertising / Ad Agency / Promotional / Marketing 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:	
	<b>(Proposed Named Insured)</b>

### A. ADVERTISERS

A.1	Describe product(s) and services you advertise:	
A.2	Is there any particular product or service organization that generates more than twenty-five percent (25%) of your annual advertising revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details:	
A.3	Total Advertising Expenditures:	
A.4	Advertising Expenditure percentages in the following media:	

Type	Percent
Coupons / Sweepstakes:	%
Internet:	%
Newspapers / Magazines:	%
Podcasts:	%
Radio / TV:	%
Other, please describe:	%
Total:	100%

A.5	List Advertising Agencies or other 3 <sup>rd</sup> parties utilized (if not enough room, attach separate page):		
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

A.6	Do you utilize written hold harmless or indemnity agreements? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Are the agreements required to be in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Are Advertising Agencies or other third parties required to provide evidence of professional liability or errors and omissions insurance (for liability arising out of services they provide) and business owners insurance (for liability arising out of bodily injury or property damage because of their business operations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.7	Is Applicant engaged in comparative advertising? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Please describe types of comparative advertisements produced (and specify products or services and types of comparisons):	
	(b) Do third parties conduct product testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A.8	Do independent contractors or other third parties provide matter or services to the Applicant in connection with advertising? (Graphics, graphic design, product testing, web design or music composition) If Yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Are hold harmless, indemnification or limitations of liability clauses utilized in written contracts with these parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Is evidence of professional liability or errors and omissions insurance required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### B. ADVERTISING AGENCIES

B.1	Is Applicant a full service Advertising Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, state areas of specialization:	
B.2	Please indicate total billings from advertising:	

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B.3	Does the client review and “sign-off” on advertising prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.4	Does Applicant obtain written releases in advance with respect to creative material or talent from employees or their children, models, free-lance photographers, writers, composers, artists, musicians, actors or non-professionals, who are providing material or content for or appearing in commercials or advertisements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
B.5	Does the Applicant have procedures in place to document, protect and preserve any discussions, meetings, records and materials with respect to advertising and marketing ideas, methods and advertising campaigns in order to establish proof of ownership / creation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.6	Do Applicant’s clients design, test, produce or manufacture any of the following? (Select all that apply):	

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Firearms	<input type="checkbox"/> Pharma	<input type="checkbox"/> Tobacco
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B.7 Provide percentage of work performed in the following activities:

Activities	Percent	Activities	Percent	Activities	Percent
Billboards	%	Medical / Pharmaceutical	%	Research	%
Branding	%	Merchandising	%	Search Engines	%
Crisis Management	%	Political	%	Special Events	%
Direct Mail / Catalog	%	Product / Package	%	Trademark Design *	%
Internet Advertising	%	Display/Design/Testing	%	Video / Film	%
Lobbying	%	Promotions / Contests /	%	Commercials/Production	%
Market Research	%	Sweepstakes Design	%	Website Hosting	%
Media Buying / Placement	%	Public Relations	%	Website Design / Development	%
Other, please describe:	%		%	Wireless / Mobile	%

Total:	100%
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B.8	Does Applicant copyright, trademark or protect marketing ideas, methods and advertising campaigns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.9	Does Applicant have a social media policy to assure that advertising, marketing ideas or other intellectual property rights are protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE ATTACH A COPY OF CLIENT CONTRACT.**

### C. PUBLIC RELATIONS / MARKETING

C.1 Provide a percentage of each type of activity you perform in the following list:

Activities	Percent	Activities	Percent
Advertising Agency Services	%	Mailing List Brokering	%
Catalog Design / Publishing / Distribution	%	Mailing List Creation / Maintenance	%
Commercial Printing	%	Marketing Consulting	%
Data Warehousing / Data Processing	%	Package / Custom Software Development	%
Desktop Publishing Design / Layout	%	Promotion / Sweepstakes / Contests / Coupon:	
Direct Mail Design / Distribution	%	Design	%
Fulfillment Services	%	Administration	%
Graphic Design	%	Public Relations Consulting	%
Internet Advertising / Adware / Digital	%	Telemarketing	%
Investor Relations	%		
Other, please describe:	%		%

Total:	100%
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C.2 Provide the following information regarding Applicant’s five (5) largest clients:

	Client Name	Dollar Value of Contract	Length of Contract	Type of Products/Services
1.				
2.				
3.				
4.				
5.				

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C.3	Does the Applicant use subcontractors or independent contractors? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(a) Please explain type of services performed by subcontractors or independent contractors:	
	(b) Approximate percentage of time subcontractors are utilized	%
	(c) Does the Applicant require that the subcontractors or independent contractors maintain professional liability or errors and omissions insurance and provide evidence of the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) Does the Applicant utilize a written contract with each subcontractor or independent contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(e) Does the contract include provisions whereby the subcontractor or independent contractor agrees to indemnify and hold the Applicant harmless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.4	Is the Applicant involved in the development or design of copyrighted materials, trademarks, logos, packaging or display design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.5	Total number of trademarks the Applicant develops each year:	
C.6	Provide a description of the Applicants legal review or other procedures for clearing trademarks, copyrighted material or other intellectual property (or attach a copy of written procedures):	
C.7	Do the Applicant's activities involve development and/or management of promotional games, contests, lotteries, sweepstakes or other games of chance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details, including specific contracts:	
C.8	Does the Applicant utilize outside legal counsel for review and/or consultation on personal injury and intellectual property matters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.9	Does the Applicants contracts always require the Applicants client to review and approve all press releases, advertising or promotional materials prior to dissemination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Signature of authorized representative of Applicant**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Type / Print name of authorized representative**

\_\_\_\_\_  
**Date**