

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:

<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> Metro	<input type="checkbox"/> Suburban
<input type="checkbox"/> Rural	<input type="checkbox"/> College	<input type="checkbox"/> Controlled	<input type="checkbox"/> Other, please describe	

B.4 Please list special publications, such as professional journals, directories, brochures, etc:

 B.5 Are "Letters to the Editor" edited?
 Yes No

 B.6 Do any of the publications focus on investigative reporting or investigative journalism?
 Yes 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:	%

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

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E. 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.

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.

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date