

**MULTIMEDIA LIABILITY INSURANCE POLICY**

**APPLICATION**

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All questions must be answered completely. If there is no answer, write "none" or "n/a" in the space provided. Where space provided is insufficient to fully answer, please use and attach separate sheet(s).

**Copies of the following information must be enclosed with this application:**

- (i) resumes of principals, partners, editors and senior staff members;
- (ii) brochures and/or promotional literature;
- (iii) a copy of the standard written client contract;
- (iv) a copy of the standard written contract with authors, free-lance writers, composers and other content providers;
- (v) a copy of the standard written contract with actors, performers, printers and any other sub-contractor;
- (vi) a list or catalogue of current book titles, films and programmes;
- (vii) a sample copy of all periodicals, newspapers, etc.;
- (viii) advertising rate card.

**General Information**

- 1. (a) Name of Applicant: \_\_\_\_\_
- (b) Address: \_\_\_\_\_  
\_\_\_\_\_
- (c) Applicant is:  Sole Proprietor  Corporation  Partnership  Other: \_\_\_\_\_
- (d) Date Established: \_\_\_\_\_
- (e) Web-Site Address: \_\_\_\_\_
- (f) Location of Branch Offices: \_\_\_\_\_
- (g) List any media, professional or trade associations to which the Applicant belongs: \_\_\_\_\_  
\_\_\_\_\_

- 2. (a) Is the Applicant controlled or owned by, or associated or affiliated with, or does it control or own any other firm or business enterprise (including subsidiary entities)?      Yes       No

If Yes, provide the following information (if more space is required, complete and attach a separate sheet):

Name of Entity	Nature of Operations / Relationship	% of Ownership
		%
		%
		%

- (b) Does the Applicant provide services or perform activities for any of the entities listed above?      Yes       No
  - (c) During the past three years, has the Applicant's name changed, or has the Applicant purchased, merged or consolidated with any other business?      Yes       No
- If Yes, provide full details: \_\_\_\_\_  
\_\_\_\_\_

**Business Activities**

- 3. (a) If the Applicant is involved in any of the following activities please complete the following applicable Supplemental Applications at the end of this Application:
  - Advertising Agency
  - Book Publishing
  - Broadcasting and Cable Operations
  - Internet Media Activities
  - Newspaper and Periodical Publishing
  - Personal Media Supplement

- (b) For the Gross Revenue indicated in Question 4(c) below, indicate the approximate percentage derived from each of the following activities (total must be 100%):

Activities	%	Activities	%
Advertiser		Personal Media	
Advertising Agency		Printing Services	
Author		Producer	
Book Publishing		Web-Site	
Broadcasting and Cable Operation		Other: _____	
Newspaper and Periodical Publishing			

- (c) Is the Applicant engaged in any business or profession other than as described in 3(b)? Yes  No   
If Yes, explain: \_\_\_\_\_

- (d) Are all media activities conducted in English or French? Yes  No   
If No, explain: \_\_\_\_\_

**Business Details**

4. (a) Last completed Fiscal Year is from: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)
- (b) Gross Revenue for the last completed Fiscal Year: \_\_\_\_\_
- (c) Estimated Gross Revenue for the current Fiscal Year: \_\_\_\_\_
- (d) Estimated Gross Revenue for the next Fiscal Year: \_\_\_\_\_
- (e) For the Gross Revenue indicated in (c) above, indicate the approximate percentage derived from media sales, services provided or activities performed outside Canada or for clients who are domiciled outside of Canada:

Country	% of Revenue
	%
	%
	%
	%

- (f) Describe services provided or activities performed outside Canada, or for clients who are domiciled outside Canada: \_\_\_\_\_

**Controls and Procedures**

5. (a) Does the Applicant have an in-house legal department? Yes  No   
If Yes: (i) Name of counsel employed by the Applicant: \_\_\_\_\_  
(ii) Years of experience in media law: \_\_\_\_\_
- (b) Does the Applicant consult a law firm for media law issues including content review, editorial procedures, retraction and complaint handling? Yes  No   
If Yes: (i) Name and address of law firm: \_\_\_\_\_  
(ii) Years of experience in media law: \_\_\_\_\_

6. (a) Has the Applicant implemented written clearance and editorial procedures? Yes  No

- (b) Has legal counsel approved written clearance and editorial procedures? Yes  No
- (c) Are all employees familiar with clearance and editorial procedures? Yes  No
- (d) Have all licenses, rights and consents been obtained from:
- (i) copyright owners? Yes  No
  - (ii) music rights holders, including performance, recording and synchronization rights? Yes  No
  - (iii) performers, actors, and other persons, including photographic appearances? Yes  No
  - (iv) writers, authors, photographers, artists and composers, or any other person providing material, quotations or who have been paraphrased? Yes  No
- (e) Does the Applicant pay licensing fees to SOCAN, ASCAP, SESAC, BMI, RIAA or any similar licensing organization where required? Yes  No
- (f) Have title clearance reports been obtained and reviewed by counsel on all publications, articles, productions and other works? Yes  No

If No to any of the above, provide full details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. (a) Are independent producers, authors, free-lance writers, composers, advertisers and advertising agencies required to provide written hold harmless or indemnity agreements in favour of the Applicant? Yes  No
- (b) Are independent producers, authors, free-lance writers, composers, advertisers and advertising agencies required to provide evidence of insurance adding the Applicant as an additional insured? Yes  No

**Prior Insurance**

8. (a) Provide details of all Media Liability Insurance held during the past three years:

Name of Insurer	Limit of Policy	Deductible/Retention	Expiry Date	Premium

- (b) If claims made coverage, when was the first date on which the Applicant purchased continuous claims made coverage? \_\_\_\_\_  
 (MM/DD/YYYY)
- (c) Has the Applicant ever been declined, non-renewed or cancelled by an insurer for Media Liability Insurance? Yes  No
- If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**Past Activities**

9. Has the Applicant, or any of the Applicant's employees, ever been cited, investigated or suspended by any regulatory agency for violations arising out of media activities? Yes  No
- If Yes, provide details including year of incident and preventative remedial action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. In the past five years, has the Applicant ever been involved in an incident, or had a claim made against it, arising out of services provided or activities performed for which coverage is requested in Question 3(b)? Yes  No

If Yes, please provide the following details on a separate sheet:

- (a) Date of Claim
- (b) Claimant's Name

- (c) Nature of Claim
- (d) Amount of Damages / Defence Costs incurred by or on behalf of the Applicant in respect thereof
- (e) Current Status of Claim

**THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER**

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11. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? Yes  No

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

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

**PRIVACY DISCLOSURE AND CONSENT**

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The undersigned authorized representative of the Applicant acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

**FALSE INFORMATION**

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Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

**DECLARATIONS AND SIGNATURE**

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The undersigned authorized representative of the Applicant:

- (i) declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- (ii) acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected; and
- (iii) agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED.

Applicant	Date
Signature	Title