



**ADVERTISING AGENCY/COMMUNICATIONS LIABILITY
ERRORS & OMISSIONS APPLICATION**

APPLICANT'S INFORMATION:

APPLICANT NAME:			
BUSINESS NAME:			
INSPECTION CONTACT:		PHONE:	
MAILING ADDRESS:			
INSURED ADDRESS:	<input type="checkbox"/> Same as above		
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture			
<input type="checkbox"/> Other: _____			

GENERAL INFORMATION:

1. Number of years operated under present ownership? _____ Annual Revenues \$ _____
2. Coverage requested: Limit of liability _____ Retention _____

BUSINESS OPERATIONS (If additional space is needed, please give details on a separate page.)

3.
 - a. Gross billings \$ _____
 Fees \$ _____
Total \$ _____
 - b. Percentage of gross billings in the following media:
 Magazine _____% Newspapers _____% Outdoor _____% Radio _____% Television _____% Other _____%
 - c. Percentage of work in the following areas:

Broadcasting	_____%	Production of film, TV or radio programs	_____%
Mail order/catalogs	_____%	Public relations	_____%
Package design	_____%	Publishing	_____%
Photography	_____%	Other (describe)	_____%
4. Do you specialize in certain kinds of advertising or marketing services? Yes No
 If yes, please describe specialization: _____

5. Do you engage in advertising activities outside of the United States, its territories and possessions or Canada? Yes No
 If yes, what is the amount of foreign: Gross Billings \$ _____ Fees \$ _____
6. Do you obtain written releases with respect to creative material or talent from:
 - a. Employees Yes No
 - b. Models Yes No
 - c. Freelancers, photographers, writers, composers, artists, illustrators or musician Yes No
 - d. Non-professional persons appearing in commercials or advertisements Yes No

7. Do you engage in comparative advertising campaigns? Yes No
 If yes, provide name of client and description of the campaign: _____

8. Name of advertising associations or trade groups to which you belong: _____

RISK MANAGEMENT PROCEDURES AND CLAIM INFORMATION

9. a. Name and address of attorney and law firm which counsels for controversial material, detamation, copyright, etc: _____

b. Name of in-house counsel: _____

c. Does law firm or in-house counsel review controversial material? Yes No

d. Years of experience in libel law: Law firm _____ years In-house counsel _____ years

10. Have you been cited by any government agency for violations arising out of your advertising activities? Yes No

If yes, provide complete details: _____

11. In the last ten years has the applicant been sued or threatened with suits for libel, slander, invasion of privacy, piracy, plagiarism, infringement of copyright or errors or omissions? Yes No

If yes, attach details of each claim to include amount of plea, judgment or settlement, basis of claim, current status and amount of reserve and legal expenses to date.

OPTIONAL COVERAGES

CHECK YOUR PROPOSAL TO DETERMINE IF OPTIONAL COVERAGE(S) APPLY.

12. a. Do you desire coverage for trademark, trade name, service mark or service name? Yes No
 If yes, describe clearance procedures: _____

b. Do you desire coverage for errors and omissions for claims arising from the content of matter in advertising? Yes No

INSURANCE INFORMATION

13. Prior insurance (last three years):

Policy Period	Carrier	Policy No.	Limit of Liability	Retention	Premium
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Has any insurer declined, cancelled or non-renewed similar insurance for which you are applying? Yes No
 If yes, provide details.

15. Do you maintain comprehensive general liability insurance? Yes No
Carrier _____ Policy Period _____
Policy No. _____ Limit of Liability _____
Personal injury coverage is: Included Excluded

16. TO COMPLETE YOUR APPLICATION, PLEASE ATTACH:
- a. Promotional materials/brochures describing your services.
 - b. Specimen client contract.
 - c. Specimen creative release forms.
 - d. List of major clients and description of their products or services.
 - e. Current financial statement.
 - f. Experience resume of management (if ownership is less than three years).

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Name _____
Title _____
Signature _____ Date _____