



Coverys Specialty Insurance Company

SUPPLEMENTAL APPLICATION - MEDIA

1. Name of applicant or insured: _____

2. Please complete the following information for the current year:

STAFF (ALL PRINCIPALS AND S TAFF)	FULL TIME	PAR T TIME
Principals/professionals		
Administrative/clerical		

3. Does the applicant:

a. Have in-house legal counsel with experience in media and intellectual property laws? Yes No

b. Utilize outside legal counsel for media and intellectual property matters? Yes No

If "Yes," provide the following:

Name of outside legal counsel: _____

Name of firm: _____

Address: _____

c. If no in-house or outside legal counsel is utilized, describe the applicant's procedures for evaluating media and intellectual property matters: _____

d. Follow written clearance procedures for all materials prior to release? Yes No

e. Require third-party providers of content to assign or license to the applicant the right to use the content? Yes No

If "Yes," do such rights extend to all methods of use (print, video, internet, etc.)? Yes No

4. Describe the applicant's procedure for responding to:

a. Requests for retractions or corrections: _____

b. Complaints relating to the applicant's content: _____



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5. During the past twelve months, how many transactions did the firm handle that can be classified as:

TRANSACTION	PERCENTAGE OF TRANSACTIONS
Ad campaign planning/strategy	%
Broadcasting	%
Database mining	%
Design — package/product/display	%
Design— logo/trademark*	%
Design — website	%
Market research	%
Media buying	%
Printing	%
Product branding	%
Production of commercials	%
Public relations	%
Publishing	%
Special event promotion	%
Other (please describe): _____ _____	%

6. Does the applicant obtain written releases for use of materials from the following:

- a. Employees? Yes No
- b. Freelance writers, photographers, artist, musicians? Yes No
- c. Models? Yes No
- d. Other individuals appearing in advertising? Yes No

7. Does the applicant:

- a. Obtain written approval for all materials from clients? Yes No
- b. Create comparative advertisements? Yes No

If "Yes," list accounts, type and description of advertisements: _____

- c. Perform trademark searches? Yes No

If "Yes," describe search process: _____

- d. Develop, organize, implement or monitor games of chance, sweepstakes or other contests? Yes No

If "Yes," provide details: _____

8. If the applicant provides publishing services, answer the following:
- a. For both print and digital distribution, provide the following for all materials published by the applicant, including books, journals, newsletters, magazines, newspapers or other written content.

If more space is needed please attach a separate page.

NAME OF PUBLICATION	FREQUENCY	CIRCULATION	SUBJECT	PRINT/ DIGITAL OR BOTH

- b. Provide the percentage of the following:

CONTENT TYPE	PERCENTAGE
Previously released content republished by the applicant	%
Solicited original content created by free-lance contributors	%
Unsolicited original content created by third-party contributors	%

- c. Is all content reviewed prior to release:
- (i) By editorial staff? Yes No
- (ii) By legal counsel? Yes No
- d. Does the applicant have a process for returning unsolicited material? Yes No

9. If the applicant provides broadcasting or webcasting services, answer the following:

- a. Provide the percentage of the following:

MEDIUM	PERCENTAGE
Cable	%
Internet	%
Radio	%
Television	%
Other (please describe): _____	%



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b. For each broadcasting station or cable system, provide the following:

If more space is needed please attach a separate page.

CALL LETTER	CABLE SYSTEM	LOCATION	NUMBER OF LISTENERS/VIEWERS/SUBSCRIBERS	MARK ET CLASSIFICATION

c. Provide the URLs for all of the applicant's websites: _____

d. Does the applicant create original programming? Yes No

If "Yes," describe: _____

e. Is all content reviewed prior to release:

(i) By editorial staff? Yes No

(ii) By legal counsel? Yes No

SIGNATURE IN FULL: _____ DATE: _____

PRINTNAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____