

Marketing and Media Services E&O Application

THE APPLICANT IS APPLYING FOR A CLAIMS-MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF INSURANCE AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

NOTE: NOTHING IN THIS APPLICATION SHOULD BE INTERPRETED TO MEAN THAT COVERAGE WILL BE OFFERED OR THAT ANY ITEMS REFERENCED IN QUESTIONS OR ANSWERS TO QUESTIONS WILL BE COVERED EVEN IF COVERAGE IS OFFERED AND BOUND. SOME RESPONSES MAY REQUIRE MORE SPACE THAN THAT PROVIDED IN THE APPLICATION ITSELF. PLEASE PROVIDE THOSE RESPONSES ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.

I. APPLICANT INFORMATION

1.1	Proposed First Named Insured:			
	Applicant Name:			
	Address:			
	City:	State:	Zip code:	
	Phone:	Fax:		
	Website Address(es):			
1.2	Date Established:			
1.3	Is Applicant a: <input type="checkbox"/> sole-proprietor <input type="checkbox"/> partnership <input type="checkbox"/> LLC <input type="checkbox"/> corporation <input type="checkbox"/> joint-venture			
	<input type="checkbox"/> other, describe: _____			

FOR THE REMAINDER OF THIS APPLICATION, "APPLICANT" REFERS INDIVIDUALLY AND COLLECTIVELY TO THE ENTITY(IES) FOR WHICH COVERAGE IS DESIRED, AS WELL AS EACH PERSON WHO IS AN OFFICER, DIRECTOR, OWNER, PARTNER OR EMPLOYEE OF THESE ENTITY(IES).

1.4	Does Applicant's website(s) advertise services or products other than the Applicant's own?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:			
1.5	Please provide the total number of Applicant's employees: _____			
1.6	Geographic area in which Applicant provides services: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International			
	If International, which countries?			
1.7	Is Applicant owned by, controlled by or affiliated with any other company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, identify the company and explain the relationship:			
1.8	Does Applicant have any subsidiaries?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list below:			

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.9	Within the past five years, has Applicant changed its name, acquired any business or merged or consolidated with any other entity?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete the following:			

Name of Entity	Transaction		Did Applicant Assume any	
	Date	Type	Assets?	Liabilities?
			<input type="checkbox"/>	<input type="checkbox"/>

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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

1.10	If liabilities were assumed by Applicant, in connection with a transaction as described in question 1.9, please provide details:		
1.11	Does Applicant have any certified, licensed or registered professionals on staff? (e.g. architect, engineer, healthcare provider, attorney, CPA, actuary, insurance agent or broker, financial planner/advisor, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, are such professionals:	<input type="checkbox"/>	involved in the performance of activities the Applicant seeks to insure; or
		<input type="checkbox"/>	solely involved in the Applicant's operational administration (e.g. CFO, in-house legal counsel, in-house risk manager)
1.12	Is Applicant a member of any industry associations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details:		

II. INDEPENDENT CONTRACTORS

2.1	Does Applicant use independent contractors for any activities Applicant performs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what specific activities do they perform and what percentages of Applicant's revenues are derived from activities performed by independent contractors?	
2.2	Describe what controls Applicant has in place to ensure the quality of work by independent contractors:	
2.3	Does Applicant require independent contractors to maintain E&O insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, does Applicant desire coverage for these independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	Does Applicant use a written contract with independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE ATTACH A COPY OF A STANDARD CONTRACT USED WITH INDEPENDENT CONTRACTORS.

III. REVENUE INFORMATION

3.1 Please provide the following information regarding Applicant's operations:

Fiscal Year End Date: _____	Past Fiscal Year		Current Fiscal Year		Next Projected Fiscal Year *	
Total Gross Revenue:	US:	\$	US:	\$	US:	\$
	Foreign:	\$	Foreign:	\$	Foreign:	\$
	Total:	\$	Total:	\$	Total:	\$

* The Next Projected Fiscal Year Revenue will be used as a guide to calculate the annual premium.

3.2	If Next Projected Fiscal Year Total Gross Revenue differs from Current Fiscal Year Total Gross Revenue by +/- 20%, please explain:
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IV. SERVICES

4.1	Describe in detail the activities the Applicant seeks to insure: **
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** This information will be used to develop a proposed Schedule of Insured Activities.

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4.2	Is Applicant engaged in any business or profession other than as described in Question 4.1 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
4.3	Please complete the following with regard to activities included in the response to Question 4.1:	

ACTIVITIES	NO	YES	% OF REVENUES
Market Survey Design/Research/Analysis/Consulting	<input type="checkbox"/>	<input type="checkbox"/>	%
Media Buying/Placement	<input type="checkbox"/>	<input type="checkbox"/>	%
Printing (e.g. Business Forms, Pamphlets, Directories, Social, Bindery, Catalogs)	<input type="checkbox"/>	<input type="checkbox"/>	%
Printing (e.g. Discount/Rebate Coupons, Lottery tickets, Sweepstakes tickets, Corporate/Financial reports)	<input type="checkbox"/>	<input type="checkbox"/>	%
Direct Mail Development/Implementation	<input type="checkbox"/>	<input type="checkbox"/>	%
Mail List Development/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	%
Warehousing/Inventory/Fulfillment Services	<input type="checkbox"/>	<input type="checkbox"/>	%
Publishing	<input type="checkbox"/>	<input type="checkbox"/>	%
Music Service	<input type="checkbox"/>	<input type="checkbox"/>	%
Photo Service	<input type="checkbox"/>	<input type="checkbox"/>	%
Telemarketing	<input type="checkbox"/>	<input type="checkbox"/>	%
Public Relations Consulting	<input type="checkbox"/>	<input type="checkbox"/>	%
Investor Relations	<input type="checkbox"/>	<input type="checkbox"/>	%
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	%
Website Design/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	%
Web Hosting	<input type="checkbox"/>	<input type="checkbox"/>	%
Software Development for others	<input type="checkbox"/>	<input type="checkbox"/>	%
Production of Commercials or other Advertising Content	<input type="checkbox"/>	<input type="checkbox"/>	%
Logos/Trademark Development	<input type="checkbox"/>	<input type="checkbox"/>	%
Package/Display/Brochure Design	<input type="checkbox"/>	<input type="checkbox"/>	%
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	%
Promotions Design/Development	<input type="checkbox"/>	<input type="checkbox"/>	%
Branding	<input type="checkbox"/>	<input type="checkbox"/>	%
Coupon/Rebate/Promotions Distribution/Redemption Management	<input type="checkbox"/>	<input type="checkbox"/>	%
Products Development/Product Testing	<input type="checkbox"/>	<input type="checkbox"/>	%
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	%
Other, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	%

4.4	What percentage of the above services or activities is performed solely online?	%
4.5	Does the Applicant manage any promotional activities for others? (e.g. sweepstakes, lotteries, contests, drawings)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

V. INTERNET

5.1	Does Applicant sell products on Applicant's website(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, does Applicant use a payment processing intermediary?	
5.2	Is credit card information and/or other personal information stored on a server that is connected to the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Does Applicant always follow an established procedure for detecting or editing controversial, offensive or infringing material from Applicant's website or internet service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there an immediate take down policy?	
5.4	Does Applicant use content developed by third parties, such as text, videos, graphics, music, etc. on Applicant's website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

PLEASE ATTACH A COPY OF THE CONTRACT USED WITH THIRD PARTY CONTENT PROVIDERS.

5.5	Does Applicant always obtain the documented rights to use the intellectual property of third parties (including copyright and trademark)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.22	Number of logos/trademarks developed per year?	
6.23	Do activities performed require architect/engineer written approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.24	What procedures does Applicant have in place to protect client information in Applicant's possession?	
6.25	Have Applicant's intellectual property procedures been reviewed by a law firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. CURRENT/PRIOR COVERAGE

7.1 Prior Professional Liability Insurance for the last three years:					
Policy Period	Carrier	Limits	Deductible	Premium	Claims-Made or Occurrence
7.2 What is the retroactive date of the current policy?					
7.3 Is any extended reporting period currently in force?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the duration and expiration date of the extended reporting period:					
7.4 Has Applicant ever applied for Professional Liability coverage and been denied, cancelled or non-renewed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Does Applicant maintain General Liability coverage?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier:		Limits:		Expiration Date:	
7.6 Does Applicant's General Liability coverage include:					
Personal Injury/Advertising Injury?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Products/Completed Operations?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional Services Exclusion?					<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. DESIRED LIMITS/DEDUCTIBLE OPTIONS

8.1	Desired Policy Limits:	\$	Each Erroneous Act	\$	Aggregate Limit
8.2	Desired Deductible:	\$			

IX. HISTORY

9.1 In the last five years have any of the Applicant's customers:					
Made allegations or complained about the performance, non-performance, or timeliness of Applicant's products/services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Refused to pay or stopped paying fees or dues due to alleged problems with Applicant's products/services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested a refund due to alleged problems with Applicant's products/services?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.2 In the past five years, has Applicant sued any of its clients for non-payment?					
If yes, advise the number of times this has occurred in the last twelve months:					<input type="checkbox"/> Yes <input type="checkbox"/> No
in the last five years:					<input type="checkbox"/> Yes <input type="checkbox"/> No
In these instances, was the Applicant counter-sued?					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.3 In the past five years, have any officers, principals, partners, directors, or professional employees of Applicant had their professional license(s) or certification(s) suspended or revoked?					
If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.4 Is Applicant aware of any actual or alleged fact, circumstance, situation, error or omission, which can reasonably be expected to result in a Claim, suit or proceeding being made against Applicant?					
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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The policy for which Applicant is applying, if issued, will not insure any Claims that can reasonably be expected to arise from any actual or alleged fact, circumstance, situation, error or omission known to any Applicant before the Inception Date of the policy.

9.5	Has Applicant or any of Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees been investigated and/or cited by any regulatory agency, certifying body, or other governmental entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.6	Have any Claims, suits or proceedings been brought during the past five years against Applicant or Applicant's predecessors in business, affiliates, or past or present: partners, owners, officers, sales persons or employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The policy for which Applicant is applying, if issued, will not insure any Claims made against the Applicant prior to the Inception Date of the policy or any subsequent claims, suits or proceedings arising there-from.

9.7	If any of the answers to questions 9.4, 9.5, or 9.6 above are "Yes", have all matters been reported to appropriate insurance carriers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF APPLICANT HAS RESPONDED "YES" TO QUESTIONS 9.4, 9.5, OR 9.6 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

- | | |
|---|--|
| <ul style="list-style-type: none"> A full description including damages alleged Date the insurance carrier was put on notice Amounts of: reserves; legal expenses paid; and settlements or judgments | <ul style="list-style-type: none"> Current status Loss runs Steps implemented to prevent similar claims |
|---|--|

X. ATTACHMENTS – Please attach copies of the following:

1. If Applicant has been in business less than three years, please provide copies of resumes of all principals;
2. Copies of standard contract used with clients, independent contractors and content providers;
3. Most recent financial statement; and
4. Promotional materials or brochures.

XI. REPRESENTATIONS

- This Application **must** be signed by an authorized partner, officer or other principal of Applicant shown in Question 1.1 of this Application. By signing this Application, Applicant represents and warrants the following:*
1. *The statements in the Application or Renewal Application furnished to the Company are accurate and complete;*
 2. *Those statements furnished to the Company are representations Applicant makes on behalf of all proposed Insureds;*
 3. *Those representations are a material inducement to the Company to provide a premium proposal;*
 4. *If a policy is issued, the Company will have issued this Policy in reliance upon those representations;*
 5. *If there is any material change in the Applicant's condition or in the Applicant's activities, services, or answers provided in this Application that occurs or is discovered between the date this Application is signed and the Effective Date of any policy, if issued, Applicant will immediately report to the Company in writing; and*
 6. *The Company reserves the right, upon receipt of such notice, to change or rescind any proposal previously offered by the Company.*

As used herein, the "Company" shall be Capitol Specialty Insurance Corporation.

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Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

E-mail address of authorized representative

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XII. FRAUD WARNINGS

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 OR INCOMPLETE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (FOR NEW YORK RESIDENTS ONLY: AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION).

- AR** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in any application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- 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 insurance 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 regards to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.
- DC** *It is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the Insurer or any other person. Penalties include imprisonment and/or fine. In addition, an Insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*
- FL** 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.
- HI** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- KY** 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.
- LA** *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*
- ME** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties may include imprisonment, fines or a denial of insurance benefits.*
- NJ** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NM** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES.
- NY** 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.
- OH** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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- OK WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any Insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OR** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
- 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 persons to criminal and civil penalties.
- TN** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
- VA** *It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.*
- WV** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.