



PUBLISHERS SUPPLEMENTAL APPLICATION



This is an application for a CLAIMS-MADE AND REPORTED policy.

Please submit sample copies of all publications.

- 1. Company Name (Applicant): _____
- 2. On a separate sheet, please list all media subsidiaries and affiliates and trade names and list memberships in industry groups or associations.
- 3. List all publications (attach sheet for additional publications):

Name:	Location:	Frequency of Circulation:	Average Circulation:

Check primary circulation area: National Rural Suburban Metro Regional Community

- 4. Gross annual sales derived from all publishing activities: \$ _____
- 5. Is coverage required for commercial printing operations? Yes No
If Yes, list each printing plant and gross income:

- 6. Editorial procedures:
 - a. Is a law firm consulted in respect to media law? Yes No
 - b. Are editors familiar with current libel law? Yes No
 - c. Are letters-to-the-editors edited? Yes No
 - d. Are written hold harmless indemnity agreements executed with advertisers and ad agencies? Yes No
 - e. Does the applicant engage in "investigative reporting" or "exposes"? Yes No
If Yes, describe methods for documenting sources or information:

7. Have any persons named herein, and for whom coverage is being sought, ever been the subject of reprimand or criminal actions by authorities as a result of their professional activities? Yes No
If Yes, please attach an explanation.

NOTE: Answer questions 8 and 9 only after inquiry of each member of the firm.

8. Have any professional liability claims ever been made against the applicant or any proposed Insured? Yes No
9. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him/her or his/her predecessors in business? Yes No

NOTE: If Yes to question 8 or 9, please complete a supplemental claim form for each claim.

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____