



PUBLISHERS LIABILITY COVERAGE INSURANCE APPLICATION

Utica National Insurance Group • New Hartford, New York

Note: Enclose with this application a financial statement, two recent copies (different edition dates) of publication(s) and, unless previously submitted, resume of managing editor.

Coverage can not be bound without company underwriting authorization.

1. Name of Applicant: _____ Individual
 Partnership
 Corporation

2. Address: _____

3. Name of Each Publication	Year Founded	Year Purchased by Present Owner	Frequency of Dist. (Daily-Weekly-Monthly)	Estimated Circulation for Current Year

4. Editorial Staff:	Name	Position	Years with Present Publication	Years of Previous Publication Experience

5. Is circulation in metropolitan areas or small-town and rural communities? _____
Describe in detail the extent of circulation:

6. Does the publication cater to any special readership or group? No Yes
If Yes, explain:

7. Does the publication engage in hard-hitting, provocative editorials; investigate reporting; crusades; exposes; or comments on controversial subjects? No Yes
If Yes, explain:

8. Has the publication made any retractions in the past 3 years? No Yes
If Yes, give details of each retraction: (Attach extra sheet if necessary.)

9. Do you have an established system to ascertain the material to be printed does not violate the Laws of Libel, Rights of Privacy or other forms of defamation? No Yes
If Yes, describe fully: _____

10. How many people review copy before publication? _____ What positions do these people hold with the publication? _____
Must each one initial copy? No Yes If No, explain:

11. Does the publication publish crime news obtained from police dockets? No Yes
12. Does the publication publish letters to the editor?
If Yes, do you reserve the right to edit such material before publication? No Yes
13. Does the publication have a gossip column? No Yes
14. Name and address of applicant's attorney: _____

Are all questionable items referred to legal counsel prior to publication? No Yes

If No, Explain: _____

15. State details of all suits within the past 10 years, whether or not insured, amounts of any judgments or settlements, and brief description of each case. (Attach extra sheet if necessary.)

16. Has any carrier declined, cancelled or refused to renew similar coverage? No Yes
- If Yes, explain: _____

17. Limits of Liability desired: \$300,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
- Note:** If we are to provide umbrella coverage for this exposure, at least \$1,000,000/\$1,000,000 must be written in the primary policy (BOP or CPP).

18. Deductible Desired (Minimum \$1,000) \$1,000 \$2,500 \$5,000

WARRANTIES

Applicant agrees that he will use due diligence to determine whether any matter or materials to be used by the applicant are protected by law and, where to applicant's knowledge necessary, to obtain, from parties owning rights therein, the right to use said materials or matter.

Applicant represents that they or their counsel have no actual or constructive knowledge of any claims or legal proceedings made or commanded against applicant within the last three years for invasion of privacy, infringement of copyright (statutory or common law), defamation, unauthorized use of titles, format, ideas, characters, plots or other material printed in any publication or breach of implied contract arising out of alleged submission of any literary material, except as stated in item 15 above.

APPLICANT HEREBY DECLARES that the above statements and particulars are true to the best of applicant's knowledge, and that applicant has not suppressed or misstated any material facts and applicant agrees that this application shall be the basis of the contract with a company of the Utica National Insurance Group, New Hartford, NY, and deemed a part thereof.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: 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 FINES

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTE: FOR STATES THAT REQUIRE SPECIFIC FRAUD WARNING LANGUAGE, USE ACORD 63 FRAUD STATEMENTS, WHICH MUST BE READ AND SIGNED BY THE APPLICANT AND ATTACHED TO EACH COPY OF THE APPLICATION REQUIRED TO BE SUBMITTED.

Applicant's Signature*

Date

* Must be signed by publisher

IF THE POLICY IS ISSUED, A SIGNED COPY OF APPLICATION WILL BE DEEMED ATTACHED TO AND MADE PART OF THE POLICY WHETHER PHYSICALLY ATTACHED OR NOT. SIGNATURE TO THE FORM AND SUBMISSION OF PAYMENT DOES NOT BIND THE COMPANY TO COMPLETE INSURANCE.