



Supplemental Multimedia Application

General Information

1. Name of Applicant:

Street Address:

City, state, zip code:

Year Applicant's business was established:

2. Applicant is: Individual Partnership Corporation LLC Non-profit Other (describe)

3A. Are there other Insureds and/or subsidiaries or other related entities (including DBAs) for which coverage is desired?

Yes No

If yes, please provide a list of entities for which coverage is desired, and describe your relationship to the entity:

3B. Do you desire coverage for joint ventures in which you participate? Yes No

If yes, list the name of each joint venture, describe your role and percentage interest:

With respect to the joint venture(s) listed above:

Do you require coverage for your participating interest only? Yes No

Are you contractually required to provide coverage for the entire joint venture? Yes No

4. Is the applicant wholly or partially owned by, affiliated with or controlled by any other entity not listed in Question 1 & 3?

Yes No

If yes, please provide complete details:

Does the applicant wholly or partially own, operate, manage or control any other businesses or entity not previously listed in Question 1 or 3? Yes No

If yes, please provide complete details:

5. Does your business, or the business of your subsidiaries, affiliates, parent company, or any of your clients involve any of the following:

Cannabis: Yes No

Production or distribution of adult content: Yes No

Own, operate, or derive revenue from thermal coal-fired power plants, thermal coal mines, arctic energy exploration activities, oil sands or controversial weapons (e.g. cluster bombs, anti-personnel mines, chemical or biological weapons, other weapons identified by applicable international treaties and conventions): Yes No

If yes to any of the above, provide additional details:

6. Within the past 5 years, has applicant:

Changed Name? Yes No

Changed ownership structure? Yes No

Purchased or acquired another entity? Yes No

Merged or consolidated with another entity? Yes No

7. Does applicant belong to any professional associations or trade groups? Yes No

If yes, please advise which professional associations or trade groups the applicant belongs:

Coverage Request

8. Desired policy limit: Each loss \$ Aggregate \$ Desired Retention \$

Media Activities

Complete only the following parts applicable to the insurance for which you are applying.

9A. Description of Media Activities to be covered under the media liability policy:

9B. Websites to be covered under the media liability policy:

9C. Social Media accounts to be covered under the media liability policy:

ADVERTISER (Coverage for advertising performed by you on your behalf). Not applicable

10A. List advertising agencies used:

Are written hold harmless or indemnity agreements in your favor required from advertising agencies? Yes No

Are advertising agencies required to provide proof of insurance to support the hold harmless or indemnity agreements?

Yes No

10B. Please check the appropriate box for each of the following:

Does the applicant engage in comparative advertising? Yes No

If yes, please describe:

If employees or others make creative contributions to advertising, are written releases obtained from them? Yes No

Has applicant been cited by any regulatory agency for violations arising out of its advertising activities? Yes No

If yes, please explain:

10C. Does the Applicant contract with social media influencers for any advertising activities? Yes No

If yes:

Does the Applicant supply social media influencers with written guidelines? Yes No

Does the Applicant review and approve all social media content prior to dissemination by the hired influencers?

Yes No

10D. Please provide the approximate percentage of advertising expenditures in the following media:

Radio	%	Magazines	%	Television	%
Catalog/mail order	%	Newspapers	%	Internet	%
Social Media	%	Other	%	specify	

10E. Annual advertising expenditures: \$

ADVERTISING AGENCY OR PUBLIC RELATIONS FIRM Not applicable

11A. Please provide the information below for your 3 largest clients:

Client	Services Provided	Length and Value of Contract

11B. Do any of applicant's clients produce or manufacture:

Tobacco Firearms Alcoholic beverages Pharmaceuticals

11C. Has applicant been cited by any regulatory agency for violations arising out of advertising activities? Yes No

If yes, please explain:

11D. Is applicant a "full service" advertising agency? Yes No

If no, state area of specialization:

11E. Does applicant's contract with clients always provide for client sign-off and approval? Yes No

Attach a specimen copy of client contract.

11F. Does applicant obtain written releases with respect to creative material or talent from the following:

Employees Yes No

Models Yes No

Freelance photographers, writers, composers, artists, musicians? Yes No

Others appearing in commercials or advertisements? Yes No

AUTHOR – SINGLE PUBLICATION Not applicable

12A. Title of publication to be insured:

12B. Synopsis of publication:

12C. Scheduled (or original) date of publication:

12D. Type of work:

Fiction

Poetry

Autobiography (non-Tell All)

Autobiography/Memoir (Tell All)

Graphic Novels/Manga/Children

How-to

Self-Improvement

Historical/Biographical

Celebrity

Investigative reporting/expose

Religious

Social, political commentary

12E. Number of copies (including reprints) to be printed/distributed during the proposed policy period:

Hardcover:

Paperback:

12F. Advance paid by publisher:

12G. If the publication is nonfiction or fiction incorporating living persons or events, have sources of information and material facts been documented? Yes No

If no, please explain in detail:

12H. Have written releases been obtained from persons or organizations:

Appearing in photographs or artistic representations? Yes No

Contributing material to the work? Yes No

Quoted or paraphrased? Yes No

If no, please explain in detail:

12I. Name of publisher:

12J. Will the book be self-published? Yes No

If yes, how will the work be distributed?

12K. Please provide a copy of the vetting letter by legal counsel if one has been done.

BOOK PUBLISHER Not applicable

13A. Types of books published:

Fiction	Graphic Novels/Manga/Children	How-to
Autobiography/Memoir (Tell All)	Historical/Biographical	Celebrity
Self-Improvement	Religious	Social, political commentary
Investigative reporting/expose	Autobiography (non-Tell All)	Other

13B. For current fiscal year, specify number of: Original titles: Reprints:

13C. Please provide a copy of a specimen publisher agreement.

BROADCASTER (Radio, Television, or Cable TV) Not applicable

14. Radio Stations

Call Letters (AM or FM):

Location (City & State):

Percentage Simulcast:

Highest 60-second advertising spot rate:

Programming Format:

Television Stations

Call Letters:

Location (City & State):

Percentage Simulcast:

Highest Hourly Advertising Program Rate:

Network Affiliation:

CABLE TV SYSTEM OPERATOR Not applicable

15A. Name of Cable System(s):

Location (City & State):

Number of Subscribers:

15B. Does cable system broadcast any original programming produced by the Cable TV System Operator? Yes No

If yes, please provide the following information:

Description of programming:

Number of hours:

15C. Does any cable television system lease channels, in whole or in part, to others? Yes No

If yes, does the cable television system require a hold harmless and indemnity agreement from the lessee with respect to claims arising from lessee's programming? Yes No

15D. Does any cable television system operate an Access Channel? Yes No

If yes:

How many Access Channels are available to the community?

Describe the programming available on each Access Channel:

Does the cable television system furnish Access Channel program providers with written guidelines regarding programming standards and requirements? Yes No

Does the cable television system require Access Channel program providers to secure and maintain Producers E&O insurance for such programming and include the cable television system as an Additional Insured on the policy? Yes No

MAGAZINE & NEWSPAPER PUBLISHER Not applicable

16A. Schedule of publications

Name:

Average Circulation:

Frequency of Circulation:

16B. Check primary circulation area

International National Regional Metro Rural Other specify:

PUBLIC APPEARANCE Not applicable

17A. Public speaking, speeches, press conferences, media interviews, panel discussions, seminars, stand-up comedy

Number of appearances per year Type of content

17B. Personal appearances on radio, television, cable television, or the internet:

Number of appearances per year Type of content

Format or description of participation

17C. Advertisements in any medium in which the applicant appears as an actor, announcer, spokesperson or endorser of any product or service:

Number of appearances per year

List clients and products and/or services being endorsed:

Does the client indemnify and hold the applicant harmless for claims arising out of their trademarks, products, and/or services? Yes No

Financial Information from Media Activities

18. Total Revenues: Prior Year \$ Current Year \$ Projected Next Year \$

	Revenue/Budget – Prior Year	Revenue/Budget – Current Fiscal Year	Revenue/Budget – Projected Next Fiscal Year
Advertising	\$	\$	\$
Advertising Agency or Public Relations Firm	\$	\$	\$
Author	\$	\$	\$
Book Publisher	\$	\$	\$
Broadcaster – Radio, Television, or Cable TV	\$	\$	\$
Cable TV System Operator	\$	\$	\$
Magazine/Newspaper Publisher/ Newsletter/Periodical Publisher (including digital publications)	\$	\$	\$
Music Artist	\$	\$	\$
Music Publisher	\$	\$	\$
Public Appearance	\$	\$	\$
Record Label	\$	\$	\$
Sports Franchise	\$	\$	\$
Video Game Developer	\$	\$	\$
Website Creation/Design	\$	\$	\$
Other	\$	\$	\$

If applicable, provide the approximate percentage of work performed in the following Media Services:

Billboards	%	Promotions, contests, games, sweepstakes (Please describe)	%
Crisis Management	%		
Direct Mail	%	Public Relations	%
Events	%	Print Material	%
Email Marketing	%	Radio or Television Commercial Production	%
Internet Advertising	%	Search Engine Marketing/Optimization	%
Lobbying (Please describe)	%	Web Hosting	%
		Website design/development (content only; "look and feel")	%
Mail Order/Production of Catalogs	%	Website design/development (infrastructure, including programming) (Please describe)	%
Market Research	%		
Media Buying/Media Placement	%	Other Advertising Activities (Please describe)	%
Medical/Pharmaceutical Advertising	%		
Mobile/Wireless Advertising	%	Other Consulting Activities related to Advertising, Marketing and Communications (Please describe)	%
Package Design/Display Design/Product Design	%		
Pay-per-click or Pay-per Acquisition	%		
Political Advertising	%	Does the applicant provide any marketing or advertising software or platforms as a service? Yes No If yes, describe:	
Printing (or assumption of liability for printing by others on your behalf)	%		

Risk Management Procedures

Answer the following questions with consideration of media liability related issues, including but not limited to, defamation, invasion of privacy, infringement of copyright or trademark, and errors & omissions.

19. Do you have a risk manager? Yes No

If yes, name of Risk Manager:

Years of media experience:

20A. Do you have an in-house counsel with experience in media law and intellectual property? Yes No

If yes:

20B. Name of General Counsel: Years of experience:

20C. How many attorneys specialize in media liability related issues?

20D. Describe procedures for engaging in-house counsel with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues:

20E. Do they review all content prior to dissemination? Yes No

21A. Do you utilize outside law firms with respect to media liability issues? Yes No

If yes, list the name of law firm(s) used & years of experience:

21B. Describe procedures for utilizing outside law firms with respect to media liability related issues including pre-publication/pre-broadcast review and post-publication/post-broadcast issues or claims:

21C. Do they review all content prior to dissemination? Yes No

22A. Do you engage in investigative reporting or exposes? Yes No

If yes, describe:

22B. Do you rely on confidential sources? Yes No

If yes, describe your editorial process:

22C. Describe your practices for documenting sources of information:

22D. Do you use hidden cameras or microphones, go under cover or use other methods of secret information gathering?
Yes No

22E. Do you participate in "ride-alongs" with law enforcement, medical emergency services or private investigators?
Yes No

23. Is there a disclaimer used with respect to technical information or advice? Yes No

24. Does the applicant have formalized or written procedures for handling retractions, corrections, or take down requests?
Yes No

If yes, please describe procedures:

25A. Describe your procedures to ensure the accuracy and originality of Material/content created by you in-house:

25B. Describe your procedures to check the accuracy and originality of Material/content created for you by independent contractors (such as freelance writers, photographers, artists):

26A. Approximately what percentage of Material/content is:

Created by you in-house %

26B. Provided by independent contractors %

26C. Other (Stock photo houses, news wires/syndicates, etc) %

27A. Do you enter into contracts with freelancers and independent contractors that provide Material/content to you?

Yes No N/A

If yes, does your contract contain an assignment of rights in the Material/content provided to you in any medium including digital and electronic format? Yes No

27B. Do you require an indemnity in your favor with respect to claims arising from the Material/content provided to you by independent contractors? Yes No N/A

Please provide a copy of the standard contract used with independent contractors, if available.

28. Does counsel always review changes to standard contracts? Yes No

29. Do you accept unsolicited Material/content? Yes No

If yes, please describe procedures for processing and documenting unsolicited Material/content:

30. Do you publish, broadcast, or disseminate Material/content in a language other than English? Yes No

If yes, please list all languages:

31A. Do you allow users to upload video, audio, or any other third-party content to any website(s) you own or operate?

Yes No

If yes:

31B. Do you screen such uploaded content before it is posted on the website(s)? Yes No

31C. Do you have actual knowledge of content on your site that might infringe upon any intellectual property or other rights of third parties? Yes No

31D. Do you receive a financial benefit directly attributable to user-uploaded video or audio content? Yes No

31E. Do you have any take-down procedures in the event the applicant is notified that user-uploaded video, audio, or other third-party content may infringe upon another's intellectual property rights? Yes No

If yes, please describe procedures:

31F. Have you implemented a termination policy for users of your website(s) who are repeat infringers? Yes No

31G. Do you use filters or other software to screen your site for copyrighted user-uploaded video or audio content?

Yes No

If yes, please describe:

32. Do you require indemnities in your favor to be backed up by insurance? Yes No

33A. Do you pay licensing fees to ASCAP, SESAC, BMI, or other music licensing societies? Yes No

33B. If yes, please list which ones:

34. Do you have social media governance policies (legal counsel must sign off on posts before they are made public or outlining what kinds of third-party content can be posted)? Yes No

35. Are you relying on a "blanket" license for music? Yes No

If yes, have you confirmed that license extends to synchronization and sound recording rights? Yes No

36. Do you incorporate sound recordings into any audio-visual work posted to the internet (website(s)/social media)?

Yes No

If yes, please confirm that you have secured the synchronization rights (and master use license) for the use of any such music, including "blanket" licenses. Yes No

37A. Have you conducted a search and review of historical videos posted to website(s) and/or social media? Yes No

37B. If so, have you removed any videos — current or historical — for which synchronization rights have not been secured or you cannot confirm synchronization rights have been secured? Yes No

If not, please explain:

38. Does the applicant utilize music scanning technology to continuously identify and remove infringing content on their website/social media? (ex: Audible Magic, OpSec, or White Balance) Yes No

39. Does applicant develop trademarks? Yes No

Does the applicant utilize outside counsel specializing in trademark law? Yes No

If yes, describe trademark search and clearance procedures:

Does applicant obtain final trademark opinion for clearance or is the client responsible for obtaining? Applicant Client

Number of trademarks developed per year:

40. Does the applicant have media and entertainment law (including music and trademark copyright infringement) training in place and is it being pushed down to the lowest levels for anyone creating or disseminating content? Yes No

If not, please describe how you mitigate the risk around untrained individuals who are responsible for creating or disseminating content:

41. Does the applicant mint or sell NFT's or have plans to in the future? Yes No

If yes:

If a third-party is creating NFTs on the applicant's behalf, do they indemnify the applicant for all images, artwork, and other intellectual property that they create for the applicant? Yes No

42. Does the applicant enter endorsement or sponsorship contracts to promote, market, or advertise any cryptocurrency companies? Yes No

If yes, please provide endorsement or sponsorship contracts.

43A. Is the applicant seeking coverage for Merchandise? Yes No

If yes:

43B. Describe all merchandise being created:

43C. What is the expected revenue from merchandise sales?

43D. Have you obtained all necessary consents and licenses for production and distribution of the merchandise?

Yes No

43E. Will all merchandise be reviewed by an attorney for trademark infringement, unfair competition, and other legal issues to the production and distribution? Yes No

ARTIFICIAL INTELLIGENCE Not applicable

44A. Are content creators (including employees, agents, interns, vendors) utilizing any generative Artificial Intelligence (AI) to create content (including but not limited to text, illustrations, photos, artwork, video)? Yes No

If yes:

44B. Please provide details on how AI is being used:

44C. Does the applicant fact-check all information created by/obtained through an AI tool? Yes No

44D. Has the applicant consulted qualified Media counsel when establishing their policies/procedures? Yes No

44E. Is there mandated training for employees around proper uses of AI, and around the established company policies/procedures? Yes No

44F. How does the applicant verify that any Material they disseminate, which is a product of (or has any input or editing by) an AI tool, does not infringe upon the intellectual property rights of others? Yes No

What steps are you taking to avoid copyright infringement claims?

44G. Does the applicant utilize disclaimers for content which was created by, or had any input/editing by, an AI tool?
Yes No

44H. What other risk controls has the applicant established around the use of generative AI?

Do all of their contracts have hold harmless, indemnity, and defense language in their favor? Yes No

44I. If the applicant uses independent contractors: Will these policies be communicated to your vendors/independent contractors? Yes No

44J. For large media companies: Are you creating your own LLM/AI tool? Yes No

If yes:

Will it be for internal use or customer facing? Yes No

Are you using any unlicensed material to train the LLM/AI tool? Yes No

Current Insurance

45A. In the past three (3) years, has any similar insurance been issued to you? Yes No

If yes:

45B. Policy number

45C. Coverage dates

45D. Limits of Liability

45E. Retention

45F. Premium

If no, why not?

46. Has any insurer declined, canceled, or refused to renew any similar insurance issued to the applicant? *(Not applicable in Missouri.)* Yes No

If yes, please provide full details:

47. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations? Yes No

Claims Representation

48. In the past ten (10) years have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance? Yes No

If yes, please attach details including the date of each claim or loss, the amount of the claim and any remedial action taken:

49. Are you aware of any problem which is likely to lead you to suffering a loss, a claim being made against you, that would be covered by this insurance? Yes No

If yes, please attach details of each problem.

50. In the past ten (10) years, have you been served with any subpoenas seeking documents or information related to your newsgathering activities? Yes No

If yes, please describe circumstances including costs associated with responding to the subpoena(s):

51. In the past ten (10) years, have you been subject to an investigation or proceeding instituted by the FCC, FTC, or similar governmental body related to the coverage being applied for? Yes No

If yes, please describe circumstances including costs associated with responding to the investigation or proceeding:

Signatures

I declare that I have examined this Application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify QBE of such changes and that QBE may modify or withdraw any proposal for insurance. QBE is authorized to make inquiry in connection with this Application.

**If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.*

Electronic Signature and Acceptance

Applicant's name (please print)

Title (please print)

Applicant's signature

Date

If required by state law, please provide the insurance agent's name and license number below

Name of insurance agent