



**Professional Liability Insurance for Miscellaneous Services
 Advertising, Graphic Design, Marketing, Printing, Public Relations and Publishing
 Supplemental Application**

Coverage provided by Great Divide Insurance Company, a North Dakota Stock Corporation

Note: This Supplemental Application becomes a part of your Application for coverage with the insurance company and therefore forms a part of the POLICY if coverage is bound.

This Supplemental Application is to be completed with respect to the entire Applicant Firm including all subsidiaries, affiliates and predecessor firms for which coverage is requested. Please attach copies of standard client contracts with this Supplement.

Name of Applicant Firm

General Information

1. Please indicate the percentage of Applicant Firm’s total revenue for the past 12 months involving (must total 100%):

Advertising Agency Services	%	Mailing List Brokering	%
Book Distribution	%	Mailing List Creation and Maintenance	%
Book Publishing	%	Magazine or Newspaper Publishing	%
Broadcasting/Cablecasting/Telecasting	%	Marketing Consulting	%
Direct Mail Design and Distribution	%	Printing	%
Data Warehousing/Data Processing	%	Promotion/Sweepstakes/Contests/Coupon Administration & Design	%
Desktop Publishing Design/Layout	%	Public Relations Consulting	%
Fulfillment Services	%	Telemarketing	%
Graphic Design	%	Other	%
Investor Relations	%	TOTAL	100%

For “Other”, please describe the type(s) of operation and percentage of each:



2. Does the Applicant Firm:

- a. Consult with a law firm with respect to media law? Yes No Not Applicable
- b. Have an editorial or legal review process in place to ensure that it is not disseminating confidential, defamatory or infringing content? Yes No Not Applicable
 If "Yes", indicate In House Counsel Outside Counsel Other

3. Is the Applicant Firm involved in the development or design of copyrighted materials, trademarks, logos, packaging or display design? Yes No If "Yes" to Question 3, please answer the following:

- a. Total number of trademarks developed in the past 12 months: _____
- b. Does the Applicant Firm require clients to provide formal written approval of proof copies?
 Yes No
- c. Description of Applicant Firm's legal review or other procedures used for clearing trademarks, copyrighted material or other intellectual property:

4. Does the Applicant Firm obtain written releases with respect to creative material or talent from:

a.	Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	Models	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.	Freelancers, photographers, writers, composers, artists, illustrators or musicians	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d.	Persons appearing in photographs or from photo agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e.	Non-professional persons appearing in commercials or advertisements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

5. Please describe the Applicant Firm's TCPA compliance procedures:

Advertising, Marketing and Public Relations

If the Applicant Firm is not involved in these services, please check here and skip to Question 9.

- 6. Does the Applicant Firm you engage in competitive advertising campaigns? Yes No
If "Yes", please indicate the name of the client and description of the campaign on a separate sheet.



7. Do the Applicant Firm’s activities involve the set-up and/or management of promotional games, contests, lotteries, sweepstakes or other games of chance? Yes No **If “Yes”, please attach specific contracts and provide complete details on a separate sheet.**
8. Do contracts with clients always require client sign off on all press releases, advertising or promotional materials prior to dissemination? Yes No

Graphic Design

If the Applicant Firm is not involved in these services, please check here and skip to Question 11.

9. Please indicate the percentage of Applicant Firm’s total GRAPHIC DESIGN operations involving (must total 100%):

Animated Commercials/Films	%	Landscape Design	%	Prototypes	%
Architectural Drawings	%	Medical Charts/Graphs	%	Other	%
Book/Magazine Illustrations	%	Package Design	%	TOTAL	100%

For “Other”, please describe the type(s) of operation and percentage of each:

10. Do the Applicant Firm’s graphic design services require approval by a licensed architect or engineer?
 Yes No

Printing

If the Applicant Firm is not involved in these services, please check here and skip to Question 13.

11. Please indicate the percentage of Applicant Firm’s total PRINTING operations involving (must total 100%):

Bindery	%	Corporate Financials	%	Newspapers	%
Books	%	Directories	%	Pamphlets & Flyers	%
Business & Legal Forms	%	Discount & Rebate Coupons	%	Social Printing (invitations, etc.)	%
Catalogs	%	Lottery Tickets	%	Other	%
Contest/Sweepstakes Tickets	%	Magazines	%	TOTAL	100%

For “Other”, please describe the type(s) of operation and percentage of each:



12. Do the Applicant Firm’s activities involve:

a.	Letter shop/ mailing services (envelope stuffing, postage handling, mailing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Obtaining or providing mailing lists for/to clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Preparation of bulk mailings for clients	<input type="checkbox"/> Yes <input type="checkbox"/> No

Publishing

If the Applicant Firm is not involved in these services, please check here and skip the Questions below.

13. Please provide the following information for all newspaper or magazine publications. If the Applicant Firm is not involved in these services, please check here and skip to Question 14.

Name of Publication	Location	Frequency of Circulation	Average Circulation

14. The Applicant Firm:

a.	Edits letters to the editor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b.	Engages in investigative reporting or exposes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c.	Issues disclaimers with respect to technical information or advice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d.	Obtains written releases from persons appearing in photographs or from photo agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e.	Requires free-lance writers to provide written warranties with respect to originality of content, libelous matter, and authenticity of sources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f.	Require written hold harmless agreements executed with advertisers and advertising agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Please explain all “No” responses:



Please Read Carefully

I understand that the information submitted herein becomes a part of the Applicant Firm's Professional Liability Insurance Application and is subject to the same representations and conditions.

Dated

Signature (must be a Partner, Officer or Principal)

Title of Partner, Officer or Principal

Printed Name of Partner, Officer or Principal

RETURN APPLICATION VIA EMAIL: mplsubmissions@berkleysp.com

Berkley Service Professionals

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FRAUD NOTICE

(Not applicable in the states mentioned below where a specific warning applies)

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 may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS AND CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ALASKA CLAIMANTS: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA CLAIMANTS: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS AND CLAIMANTS: 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.

NOTICE TO CALIFORNIA CLAIMANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS, POLICYHOLDERS AND CLAIMANTS: 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 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 regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE CLAIMANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS AND CLAIMANTS: 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO APPLICANTS OF FLORIDA AND CLAIMANTS: 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.

NOTICE TO IDAHO CLAIMANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA CLAIMANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS AND CLAIMANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO APPLICANTS OF KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

NOTICE TO MAINE APPLICANTS AND CLAIMANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS AND CLAIMANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MASSACHUSETTS, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS AND CLAIMANTS: 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.

NOTICE TO MINNESOTA CLAIMANTS: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

NOTICE TO NEW HAMPSHIRE CLAIMANTS: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO APPLICANTS OF NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS AND CLAIMANTS: 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 fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS AND CLAIMANTS: 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.

NOTICE TO OHIO APPLICANTS AND CLAIMANTS: 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.

NOTICE TO APPLICANTS, POLICYHOLDERS AND CLAIMANTS OF OKLAHOMA: 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.

NOTICE TO OREGON APPLICANTS AND CLAIMANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS AND CLAIMANTS: 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 person to criminal and civil penalties.

NOTICE TO TEXAS CLAIMANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.