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APPLICATION – MEDIA - INSURANCE FOR MEDIA COMPANIES

This is an application for a media liability package policy aimed at a wide range of media companies and professionals. As well as cover for intellectual property rights infringement and defamation, the policy also includes Errors and Omissions, cyber and privacy liability, privacy breach notification costs, property, business interruption and Commercial General Liability. Limits are available up to \$10,000,000 and worldwide cover is provided as standard. Simply complete the form and return it to your agent

INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the MEDIA policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clauses 1, 2, 3, 4 (sections A and B only) and 6 (section A only) of this policy provide cover on a claims made basis. Under these insuring clauses any claim must be first made against the insured and notified to us during the period of the policy to be covered. These insuring clauses do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. Once you have completed the form please return it directly to your insurance agent.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the additional information section at the back of the form.

SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Insured company: _____

Contact name: _____

Address: _____

Postal Code: _____ Telephone: _____

Email address: _____

Fax: _____ Website: _____

1.2 Please state when your company was established: _____

1.3 a) How many principals / directors / officers / partners are there in the company? _____

b) Please show the details of all principals / partners / directors:

| NAME | YEARS IN POSITION | YEARS EXPERIENCE | QUALIFICATIONS |
|------|-------------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

c) Please state the number of employees: _____

1.4. Please state the following:

| | LAST COMPLETE FINANCIAL YEAR | ESTIMATE FOR CURRENT FINANCIAL YEAR | ESTIMATE FOR NEXT FINANCIAL YEAR |
|--------------------------|------------------------------|-------------------------------------|----------------------------------|
| Domestic revenue: | \$ | \$ | \$ |
| USA revenue: | \$ | \$ | \$ |
| Other territory revenue: | \$ | \$ | \$ |
| Total revenue: | \$ | \$ | \$ |
| Gross profit: | \$ | \$ | \$ |
| Payroll: | \$ | \$ | \$ |

Date of company financial year end: _____ Currency: _____

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all activities listed here should equal 100%.

| | |
|-------|---|
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| | % |
| Total | % |

2.3 Do your activities include event or conference organizing? Yes No

If Yes, please provide details of the type of events organized below:

2.4 Do your activities include filming on location in an area to which the public have access? Yes No

If Yes, please provide details:

2.5 Do your activities include rigging or set construction? Yes No

If Yes, please provide details:

2.6 Do any of your employees engage in manual work? Yes No

If Yes, please state the percentage of your overall payroll that relates to manual work: _____%

2.7 Do any of your employees work at a height in excess of 10 metres? Yes No

If Yes, please provide more details:

2.8 Please list all of your current public facing URLs:

| URL | NATURE OF WEBSITE | ESTIMATED CURRENT MONTHLY UNIQUE VISITORS | ESTIMATED MONTHLY UNIQUE VISITORS OVER THE NEXT 12 MONTHS |
|-----|-------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

2.9 Do you seek explicit consent from all third parties before selling or sharing their personally identifiable data? Yes No

2.10 Do you have a privacy policy and terms of use on your website? Yes No

If Yes, has it been legally reviewed? Yes No

If you have answered 'No' to either of the above questions, please explain below:

2.11 Do you have a specific policy for managing all "opt-in"/ "opt-out" marketing requests? Yes No

If No, then please explain:

2.12 Do your internal IT systems comply with all of our minimum security requirements detailed below? Yes No

- Anti-virus software must be installed on all desktops and servers (excluding database servers) and updated on at least a weekly basis;
- All external network gateways must be protected by a firewall;
- All critical data must be backed up on at least a weekly basis;
- All back-ups should be stored in a secure location offsite or in a fireproof safe; and
- The integrity of all back-ups should be verified on at least a monthly basis.

If No, then please explain:

2.13 In the event of a system interruption (including web downtime), what is your maximum estimated daily financial loss?

\$_____ Note: This figure will set the maximum limit for your system business interruption cover.

2.14 Please detail which of the following data types you collect:

Credit or debit card details Yes No

Social security numbers Yes No

Credit history or ratings Yes No

Medical records or health information Yes No

Customer bank records or details Yes No

Third party corporate confidential data Yes No

SECTION 3: CONTRACT INFORMATION

Only complete this section if you require professional liability cover.

3.1 Please give details of the 5 largest contracts you have carried out in the past 3 years:

| NAME OF CLIENT | BUSINESS OF CLIENT | NATURE OF YOUR WORK UNDERTAKEN FOR THIS CLIENT | YOUR ANNUAL INCOME FROM THIS CONTRACT | START DATE | COMPLETION DATE |
|----------------|--------------------|--|---------------------------------------|------------|-----------------|
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

3.2 Approximately how many clients do you have? _____

3.3 Do you carry out work only under a written contract signed by every client? Yes No

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If No, please explain in what circumstance and why:

3.4 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If Yes, please explain what percentage of your contracts this is applicable to and what these are capped at:

3.5 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? _____%

3.6 Do you ensure that sub-contractors have their own commercial general liability and errors and omissions insurance? Yes No

3.7 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

If No, who signs off the contract? _____

3.8 Do you always obtain client sign off on your deliverables? Yes No

If No, please explain:

SECTION 4: PUBLISHING ACTIVITIES & RISK MANAGEMENT

4.1 Please list all of your current publications:

| NAME | GEOGRAPHICAL DISTRIBUTION* | DATE FIRST PUBLISHED | AVERAGE CIRCULATION | FREQUENCY OF PUBLICATION |
|------|----------------------------|----------------------|---------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* e.g. regional, national or international

4.2 Do you engage in any investigative journalism or publish exposé content? Yes No

If Yes, please provide details:

4.3 Do you have standard procedures and safeguards for:

a) ensuring accuracy and originality of content? Yes No

b) processing unsolicited ideas, photographs, articles, clippings etc.? Yes No

c) clearing titles of all publications? Yes No

If No, please explain why:

4.4 Does your company use content supplied by third parties? Yes No

If Yes, do you obtain written warranties in respect of originality of content, accuracy of content and authenticity of source? Yes No

If No, please explain why:

4.5 Do you obtain written releases with respect to creative material or talent from employees, models, freelance photographers, writers, composers, artists, musicians or non-professional persons appearing in commercial advertisements? Yes No

4.6 Do you have a written procedure for ensuring all appropriate licensing fees are paid with respect to any music that you use? Yes No
If No, please explain why:

4.7 Please provide the name of the law firm you consult in respect of media issues, including review, procedures and complaints handling: Yes No

4.8 Is all advice adhered to? Yes No
If No, please explain under what circumstances:

4.9 Do you have written procedures to either edit, remove or respond to offending, inappropriate, inaccurate or infringing content, including website content? Yes No

4.10 Do you engage in comparative advertising? Yes No
If Yes, please explain your procedures to ensure accuracy of content:

4.11 Do you trademark your proprietary products? Yes No
If No, please explain why:

4.12 Do you engage the services of an advertising agency? Yes No
If Yes, do they provide you with a full indemnity in relation to all of the content they originate? Yes No

4.13 Do you ensure that all sensitive data is encrypted while standing and during transmission? Yes No

4.14 Do you outsource the handling of sensitive data to any third party? Yes No

SECTION 5: PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this cover.

5.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1

Address: _____
_____ Postal code: _____

PREMISES 2

Address: _____
_____ Postal code: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

5.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: _____

Interest of party _____

Address: _____

_____ Postal code: _____

5.3 Are all of the premises:

a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No

b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No

c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No

d) In a good state of repair and occupied solely as offices? Yes No

e) Self contained with a lockable entrance door? Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system Yes No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

j) Fitted with sprinklers either fully or partially? Yes No

NOTE: Assuming you have answered Yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

SECTION 6: INSURANCE REQUIREMENTS

6.1 Please provide details of your current or required insurance policies:

| TYPE OF INSURANCE | INCEPTION/ EXPIRY DATE | LIMIT OF LIABILITY | DEDUCTIBLE | PREMIUM | INSURER | RETROACTIVE DATE (IF KNOWN) |
|------------------------------|------------------------|--------------------|------------|---------|---------|-----------------------------|
| Media Liability | | \$ | \$ | \$ | | |
| Errors and Omissions | | \$ | \$ | \$ | | |
| Cyber/Privacy Liability | | \$ | \$ | \$ | | |
| Commercial General Liability | | \$ | \$ | \$ | | |
| Property | | \$ | \$ | \$ | | |

6.2 Please detail the amounts to be insured below for each premises (complete only if you require property cover):

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

| ITEM | AMOUNT INSURED PREMISES 1 | AMOUNT INSURED PREMISES 2 |
|---|---------------------------|---------------------------|
| Main building | \$ | \$ |
| Landlord’s fixtures & fittings and tenant improvements | \$ | \$ |
| All items at your premises or in a secure alternative location ¹ | \$ | \$ |

¹ Please list any alternative locations in question 5.1

6.3 If you have portable electronic equipment (such as laptops, cameras, video equipment) that is either permanently or temporarily away from your premises please state the total value of these items: \$_____

Please also state the approximate percentage of the time that these items are away from your premises: _____%

6.4 If you have contents other than portable electronic equipment which are either permanently or temporarily away from your premises please state the total value of these items: \$_____

Please also state the approximate percentage of the time that these items are away from your premises: _____%

6.5 Would you like a quotation for either of the following extensions: Earthquake: Yes No
 Flood: Yes No

We hereby declare that the above statements and particulars are true and that we have not suppressed or misstated any material facts and we agree that this declaration shall be the basis of any binder or contract of insurance with the Insurance Company, and that the limits and deductibles as stated in the said binder or contract of insurance shall govern.

It is understood and agreed that the completion of this declaration does not bind the Insurance Company to the issue of the insurance nor the Applicant to the purchase of this insurance.

Signature of Applicant: _____ Dated: _____

Print Name and Title: _____

BROKER NAME: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____



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CLAIMS HISTORY FORM

Applicant Name: _____

Date: _____

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

| | |
|---|---|
| SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| AMOUNT CLAIMED | \$ |
| LOSS RESERVES | \$ |
| EXPENSE RESERVES | \$ |
| LOSS PAID | \$ |
| EXPENSES PAID | \$ |

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

| | |
|---|---|
| SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| AMOUNT CLAIMED | \$ |
| LOSS RESERVES | \$ |
| EXPENSE RESERVES | \$ |
| LOSS PAID | \$ |
| EXPENSES PAID | \$ |

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

| | |
|---|---|
| SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| AMOUNT CLAIMED | \$ |
| LOSS RESERVES | \$ |
| EXPENSE RESERVES | \$ |
| LOSS PAID | \$ |
| EXPENSES PAID | \$ |

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

| | |
|---|---|
| SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| AMOUNT CLAIMED | \$ |
| LOSS RESERVES | \$ |
| EXPENSE RESERVES | \$ |
| LOSS PAID | \$ |
| EXPENSES PAID | \$ |

Claimant Name: _____

Project Name & Location: _____

Date of Loss: _____

Description of Claim:

| | |
|---|---|
| SUIT <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| AMOUNT CLAIMED | \$ |
| LOSS RESERVES | \$ |
| EXPENSE RESERVES | \$ |
| LOSS PAID | \$ |
| EXPENSES PAID | \$ |