

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY



MULTIMEDIA SUPPLEMENT

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

- a. Applicant Name: _____
- b. Gross Annual Sales:
- | | |
|----------------------------------|----------|
| Book Publishing | \$ _____ |
| Newspaper | \$ _____ |
| Magazine Publishing | \$ _____ |
| Broadcasting and Telecasting | \$ _____ |
| Cablecasting | \$ _____ |
| Film Production | \$ _____ |
| Advertising/Advertising Agency | \$ _____ |
| Total - United States and Canada | \$ _____ |
| Total - Foreign | \$ _____ |
| Total - All Operations | \$ _____ |
| - All Territories | \$ _____ |
- c. Procedures:
- (i) Please describe your standard procedure for checking accuracy of contents: _____

- (ii) Name of in-house counsel: _____ Years of experience in media law: _____
- (iii) Name of outside counsel: _____ Years of experience in media law: _____
- d. Is E&O coverage as well as libel/slander coverage desired? [] Yes [] No

2. MEDIA

- a. Book Publishing
- | Book Type | Percentage |
|-----------|------------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
- b. Newspaper Publishing:
- | Newspaper Name | Location | Frequency of Circulation | Average Circulation |
|----------------|----------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |
- c. Magazine Publishing:
- | Magazine Name | Location | Frequency of Circulation | Average Circulation |
|---------------|----------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |

d. Broadcasting and Telecasting:

Call Letters	Location	Highest Advertising

e. Cablecasting:

Name of System	Location	Number of Locations	Market Classification
Originated Programming Type		Number of Hours Per Week	

Gross receipts derived from syndication of originated programming: \$ _____

f. Film Production:

- (i) Type: _____
- (ii) Number of films in previous year: _____ Production _____ Distribution
- (iii) Number of films scheduled for current year: _____
- (iv) List top five films in past year:

g. Advertising/Advertising Agency:

- (i) Do you create comparative advertisements: Yes No
If yes, list accounts, types and descriptions of Advertising: _____

- (ii) Gross Billings (Advertising Expenditures) - Latest completed Fiscal Year: _____

	Domestic	Foreign
a) Excluding capitalized & service fees	\$ _____	\$ _____
b) Capitalized & services fees	\$ _____	\$ _____
c) Projected Gross Billings (Advertising Expenditures Current Fiscal Year)	\$ _____	\$ _____

- (iii) Does agency produce any radio or television programs? Yes No
If yes, list productions and details of each program presently on the air.

- (iv) List principal advertising media with percentages.
TV _____% Magazine _____% Brochures _____% Radio _____% Billboards _____% Other _____%

- (v) List of 5 largest clients/products:

h. Miscellaneous:

(i) Other Published Materials (i.e., charts, graphs, maps, audio-visual aids, greeting cards, posters, etc.)

Type	Gross Sales
_____	\$ _____
_____	\$ _____
_____	\$ _____

(ii) Printing for third parties:

Type	Receipts
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. ADDITIONAL INFORMATION

Please submit the following:

- a. Brochure or list of current book titles, films, programming, etc.
- b. Latest Annual Report
- c. Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- d. Sample of each publication (except books), if applicable.
- e. Sample of advertising, if applicable.

I understand information submitted herein becomes a part of my General Application for Specified Professions and is subject to the same representation and conditions.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

One signed copy will be attached to the policy, cover note or certificate, if issued.

*Signing this form does not bind the applicant or the Company or the Underwriting Manager to complete the insurance.