

COVER-PROSM APPLICATION PUBLISHER SUPPLEMENT

1. Full name of the Applicant Firm:

2. Please state the percentage of the total gross annual revenue derived from each of the following:

Broadcasting / Telecasting:	%	Magazine publishing:	%
Cablecasting:	%	Book publishing:	%
Newspaper publishing:	%	Internet / Website:	%
Other:(specify).		% TOTAL MUST EQUAL	100 %

3. If the Applicant is engaged in book publishing, please complete the following: **If none, check here**

3a. Gross annual income last fiscal year:

Publishing: \$
Distribution: \$
Subsidiary Rights: \$

3b. Please specify the number of:

Original titles:
Reprints:
Titles distributed for others:

3c. Please indicate the percentage of the types of books published:

Textbooks:	%	History / Biography:	%
How to / Instructional:	%	Fiction:	%
Current biography / Autobiography:	%	Poetry:	%
Social political commentary:	%	Children's:	%
Investigative reporting / exposures:	%	Celebrity:	%
Technical:	%	TOTAL MUST EQUAL	100 %
Religious:	%		
Classics:	%		

3d. Are publications reviewed for controversial material and originality by:

In house counsel:
Both:

Outside counsel:
Other:(specify)

4. If the Applicant is involved in newspaper publishing, please complete the following: **If none, check here.**

4a. Please list all publications:

Name of Publication	Location	Frequency of Circulation	Average Circulation
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4b. Primary circulation areas are:

National:
Regional:
Campus:
Metro:
Internet / Website:

Rural:
Suburban:
Community:
Other:(specify)

4c. Does the Applicant engage in investigative reporting or exposes?

Yes No

If yes, provide full details including procedures for documenting sources of information.

- 4d. Are written hold harmless agreements executed with advertisers and advertising agencies? Yes No
- 4e. Are letters to the editor edited? Yes No
- 4f. Is a law firm consulted with respect to media law? Yes No
If yes, please provide the name, address and number of years experience in media law?

5. If the Applicant is engaged in magazine publishing, please complete the following: **If none, check here.**

5a. Please list all publications:

Name of Publication	Location	Frequency of Circulation	Average Circulation
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To enter more information, please use the separate page attached to this application

5b. Primary circulation areas are:

National: Regional: Metro: Professional: International: Internet / Website:

- 5c. Does the Applicant engage in investigative reporting or exposes? Yes No
If yes, provide full details including procedures for documenting sources of information.

- 5d. Are written hold harmless agreements executed with advertisers and advertising agencies? Yes No
- 5e. Are letters to the editor edited? Yes No
- 5f. Are written releases obtained from persons appearing in photographs or from photo agencies? Yes No
- 5g. Do free-lance writers provide written warranties with respect to originality of content, libelous matter, and authenticity of sources? Yes No
- 5h. Is a disclaimer issued with respect to technical information or advice? Yes No
- 5i. Is a law firm consulted in respect to media law? Yes No
If yes, please provide the name, address and number of years experience in media law.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Prosm application and is subject to the same conditions as stated on the application.

Name (Please Print) _____ Title **(Must be Principal, Partner or Officer)**

Signature _____ Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date