

Application

MULTIMEDIA PROFESSIONAL LIABILITY POLICY (PUBLISHING)

FL SME - MPLPP



IF A POLICY IS ISSUED, IT WILL BE ON A CLAIM-MADE BASIS

GENERAL INFORMATION

1. NAME OF APPLICANT : _____
2. PLEASE CHECK ONE BOX : ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ PROFESSIONAL CORPORATION ☐ PROFESSIONAL ASSOCIATION
3. APPLICANT OFFICE ADDRESS : _____
4. DATE OF INCORPORATION : _____ 5. WEB SITE ADDRESS (if available) _____
6. DURING THE PAST 6 YEARS, HAS APPLICANT NAME CHANGED, HAD ANY MERGERS OR ACQUISITIONS? ☐ YES ☐ NO
7. DOES THE APPLICANT HAVE ANY SUBSIDIARIES OR AFFILIATES IN THE UNITED STATES &/OR CANADA? ☐ YES ☐ NO
8. PLEASE NAME SUBSIDIARIES OR AFFILIATES YOU DESIRE COVERAGE FOR: _____
9. PLEASE DETAIL NUMBER OF:

PARTNERS/ MANAGERS/DIRECTORS & OFFICERS	EMPLOYEES

10. PLEASE SPECIFY WHAT PERCENTAGES OF INSURED'S RECEIPTS ARE SUBCONTRACTED BY A THIRD PARTY? _____%
11. ARE SUBCONTRACTORS REQUIRED TO HAVE THEIR OWN PROFESSIONAL LIABILITY INSURANCE? ☐ YES ☐ NO
12. PLEASE DETAIL APPLICANT ACTIVITIES : _____

13. PLEASE INDICATE APPLICANTS TOTAL REVENUES OR GROSS INCOME :

	PREVIOUS YEAR	THIS YEAR	NEXT YEAR
CLIENTS IN PUERTO RICO			
CLIENTS IN UNITED STATES/CANADA			
CLIENTS IN REST OF THE WORLD			

14. PLEASE COMPLETE THE APPROPRIATE SECTIONS INDICATING THE REVENUES FROM THE FOLLOWING ACTIVITIES:

	PAST YEAR	CURRENT YEAR	PROJECTED FOR NEXT YEAR
(I) PUBLISHING			
(II) DISTRIBUTION			
(III) OTHERS (PLEASE SPECIFY)			
TOTAL			

15. PLEASE INDICATE PERCENTAGE INVOLVING THE FOLLOWING :

(I) CHILDREN'S BOOKS	
(II) BIOGRAPHIES, AUTOBIOGRAPHIES	
(III) SCIENTIFIC, TECHNICAL AND MEDICAL BOOKS	
(IV) RELIGIOUS	
(V) NEWSPAPERS	
(VI) OTHERS (please specify)	

16. ARE PUBLICATIONS REVISED BY:
 - EXTERNAL AUDITORS ☐
 - INTERNAL AUDITORS ☐
 - OTHERS (please specify) ☐ _____

17. PLEASE DESCRIBE THE STANDARD PROCEDURE USED TO VALIDATE THE AUTHENTICITY, ORIGINALITY AND CONTENT OF PUBLISHED WORK :

18. PLEASE SPECIFY PUBLISHED MATERIAL BY THE APPLICANT:

NAME	DETAILS OF CONTENT	FORMAT OF PUBLICATION (magazine, newspaper, book, etc.)	HOW OFTEN PUBLISHED (weekly, monthly, annually)

19. IN TERMS OF THE EDITING MATERIAL:

- A. IS A LAW FIRM CONSULTED TO REVIEW PUBLISHING LEGISLATION? ☐ YES ☐ NO
- B. DOES APPLICANT HAVE WRITTEN AGREEMENT TO LIMIT OR EXCLUDE THEIR RESPONSIBILITY WITH ADVERTISERS OR ADVERTISING AGENCIES? ☐ YES ☐ NO
- If no, do they accept complete responsibility? ☐ YES ☐ NO
- C. DOES THE APPLICANT PERFORM INVESTIGATION REPORTS? ☐ YES ☐ NO

20. PLEASE PROVIDE PREVIOUS INSURANCE INFORMATION :

CARRIER	LIMITS	DEDUCTIBLES	EFFECTIVE DATES from (mo./day/year) to	PREMIUM

21. LIMITS OF LIABILITY & DEDUCTIBLES REQUESTED :

LIMITS OF LIABILITY	DEDUCTIBLES

INTERNAL CONTROLS

22. A. HAS THE APPLICANT SUFFERED ANY LOSS DUE TO A DISHONEST OR FRAUDULENT ACT BY A PARTNER, DIRECTOR, OFFICER OR EMPLOYEE? ☐ YES ☐ NO
- B. IS ANY APPLICANT AWARE OF ANY CIRCUMSTANCE THAT COULD GENERATE A LOSS DUE TO A DISHONEST OR FRAUDULENT ACT COMMITTED BY A PARTNER, DIRECTOR OR EMPLOYEE? ☐ YES ☐ NO
- C. WHEN THE APPLICANT HIRES NEW EMPLOYEES, DOES HE REQUIRE REFERENCES FOR ALL EMPLOYEES? ☐ YES ☐ NO
- D. DOES ANY EMPLOYEE HAVE AUTHORIZATION TO SIGN CHECKS, MAKE PAYMENTS, OR TRANSFER FUNDS WITHOUT A SECOND SIGNATURE? ☐ YES ☐ NO
- If yes please detail name, position and time with Applicant. _____

CLAIMS & CIRCUMSTANCES

23. HAS ANY INSURER DECLINED, CANCELLED, OR REFUSED TO RENEW ANY SIMILAR INSURANCE ISSUED TO THE APPLICANT FIRM? ☐ YES ☐ NO
24. HAS ANY ACTUAL OR THREATENED CLAIM OR SUIT BEEN MADE AGAINST THE APPLICANT, OR ANY PREDECESSOR, SUBSIDIARY OR AFFILIATE THEREOF IN THE LAST FIVE YEARS FOR LIBEL, SLANDER OR OTHER FORMS OF DEFAMATION, INVASION OR INFRINGEMENT OF THE RIGHT OF PRIVACY OR PUBLICITY: INFRINGEMENT OF COPYRIGHT, TITLE OR SLOGAN, PLAGIARISM, PRIVACY OR MISAPPROPRIATION OF IDEAS UNDER IMPLIED CONTRACT OR ANY OTHER ACT, ERROR OR OMISSION ARISING OUT OF MATTER DISSEMINATED OR EXHIBITED IN ADVERTISING OF ANY KIND? ☐ YES ☐ NO
25. DOES THE APPLICANT KNOW OF ANY FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM FOR WHICH COVERAGE WOULD BE AFFORDED BY THE PROPOSED INSURANCE? ☐ YES ☐ NO

IF QUESTIONS 23-25 HAVE BEEN ANSWERED AFFIRMATIVE, YOU MUST DETAIL IN ORDER TO OBTAIN A QUOTE LETTER. NOT ANSWERING CORRECTLY CAN AFFECT YOUR RIGHT IN CASE OF CLAIM.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

I/WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS ON WHICH THE POLICY IS ISSUED, AND IN THE EVENT THE COMPANY ISSUES A POLICY, THE UNDERSIGNED PROPRIETOR OR PARTNER ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR INSURANCE, ACKNOWLEDGES THAT THE COMPANY IN PROVIDING COVERAGE WILL HAVE RELIED UPON, AS REPRESENTATIONS, THE DECLARATIONS WHICH ARE CONTAINED IN OR ATTACHED TO OR INCORPORATED BY REFERENCE INTO THIS APPLICATION AND WHICH ARE INCORPORATED INTO THE POLICY.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE NOR THE APPLICANT TO PURCHASE THE INSURANCE.

NOTE TO APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER, OR OFFICER AS DULY AUTHORIZED ON BEHALF OF THE APPLICANT.

SIGNATURE OF OWNER, PARTNER, OR OFFICER : _____

TITLE : _____

DATE : _____

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