



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

Notice: this insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Section 1 – Your business

General information

1. Name of applicant:

Address:

Zip code:

Telephone: Email:

Website:

When was your business established?

Geographic area

2. Geographic area in which your business operates:
Local Regional (Multi-State) National International

Other employees

3. Please provide your total number of staff:

Your gross annual billings and gross annual revenue

4. Please provide details about your gross annual billings and revenue in the table below:

	Past year ending / /	Current year	Estimate for coming year
Total gross billings (including but not limited to fee income/revenue, pass through costs, media spend, production and campaign costs and payments to subcontractors)	\$	\$	\$
Total gross revenue	\$	\$	\$

Estimated percentage split of your total gross billings (including pass through costs) for:

Work carried out for:	Past year ending / /	Current year	Estimate for coming year
U.S. and Canadian operations	%	%	%
Non-U.S. and Canada operations	%	%	%

Please specify countries outside the USA and Canada, if applicable:



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

Your business activity

5. a. Your percentage of gross billings (including fee income) for the coming year must be separated approximately into the activities listed below so that we can understand what you are doing and because we only cover you for the work which you declare:

Design of print literature/ documents	<input type="text"/> %	Promotional/sweepstakes development	<input type="text"/> %
Production of radio/TV programs	<input type="text"/> %	Package/display/product design	<input type="text"/> %
Corporate identity/brand consultancy	<input type="text"/> %	Graphic design (not interior or product design)	<input type="text"/> %
Internet (e.g. pop-ups/banner ads)	<input type="text"/> %	Mobile telecoms (e.g. SMS, MMS)	<input type="text"/> %
Printing	<input type="text"/> %	Photo services	<input type="text"/> %
Public relations consultant	<input type="text"/> %	Mail order or catalog sales	<input type="text"/> %
Website design	<input type="text"/> %	Music service	<input type="text"/> %
Web hosting	<input type="text"/> %	Market research	<input type="text"/> %
Telemarketing	<input type="text"/> %	Media buying	<input type="text"/> %
Product fulfilment	<input type="text"/> %		
Others – please specify:	<input type="text"/> %		

- b. Do you expect any significant changes to the split of activities shown above (in Q.8) in the coming 12 months? Yes No

If Yes, please give details:

Contracts

6. Please give details of the five largest contracts you have carried out in the past three years:

Name of client	Nature of work undertaken	Total value of contract
		\$
		\$
		\$
		\$
		\$

Within the past three years what is the average value of the contracts you get involved in?



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

7. Do any of your clients produce or manufacture:
 Tobacco Firearms Alcoholic beverages Pharmaceuticals

Sub-contractors

8. Do you use independent sub-contractors? Yes No

If Yes:

- a. What approximate percentage of your gross revenue is paid to sub-contractors? %

- b. For what type of work are they used?

- c. Do you have a standard contract in place for all sub-contractors? Yes No

If No, please advise:

If Yes, please attach a copy of your standard terms and conditions.

Trademarks

9. a. Do you develop trademarks for your clients? Yes No

If Yes, how many trademarks do you develop per year?

- b. Do you perform trademark searches? Yes No

If Yes, to a. or b. above, please describe procedures for clearing trademarks:

10. Please provide a description of your business activities in your own words including any specializations:

Section 2 – Risk management

11. Does your contract always provide for client approval? Yes No

If No, please explain:



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

12. Do you obtain written releases with respect to creative material or talent from the following:
- a. employees? Yes No
 - b. models? Yes No
 - c. freelance photographers, writers, composers, artists, musicians? Yes No
 - d. non-professional persons appearing in commercials or advertisements? Yes No

13. What procedures do you have in place to ensure that any photo, film clip, music or other content used by you does not breach any third party rights? If you have standard written procedures please attach a copy.

14. Please advise under what circumstances you would refer material to lawyers for checking:

15. Please advise which lawyers you use for clearance advice and their years of experience:

Name of law firm(s):

Years of experience:

Section 3 – General matters

Membership of professional organizations

16. a. Is your business a member of any professional organizations or trade association? Yes No

If Yes, please provide details:

Interactive Advertising Bureau (IAB)

Current insurance

- b. Do you currently have professional/media liability insurance? Yes No

If Yes, what is the renewal date?

If you currently have professional/media liability insurance with someone other than Hiscox, please answer the following:

Name of insurer:

Limit of indemnity:

Retention:

Excess:

Premium:



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

MISSOURI APPLICANT/AGENTS – DO NOT ANSWER THIS QUESTION

c. Has any insurer declined, cancelled or refused to renew any similar insurance issued to you? Yes No

If Yes, please provide details:

d. Do you currently have a comprehensive general liability insurance policy? Yes No

If Yes, please answer the following:

Name of insurer:

Limit of indemnity:

Retention:

Personal injury coverage is:

Included

Excluded

Product liability coverage is:

Included

Excluded

Claims declaration

17. a. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you arising out of the content of any material published and/or broadcast by you or otherwise that falls within the scope of proposed coverage? Yes No

If Yes, please provide full details:

Regulatory violations

b. Have you ever been cited by a regulatory agency for violations arising out of your advertising activities? Yes No

If Yes, please provide full details:

c. Are you or any subsidiaries aware of any facts, circumstance(s), or situation which could reasonably lead to you suffering a loss, or claim being made against you that falls within the scope of the proposed coverage? Yes No

If Yes, please provide full details:



State National Insurance Company, Inc.
Administered by **Hiscox Inc.**

Advertising agency, marketing and communications industry application

It is understood and agreed that with respect to questions 17 a., b. and c., that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

Supplemental Information

Please attach the following additional information:

- Advertising materials about your operations
- Specimen contract with clients and sub-contractors
- Current financial statements, annual report and/or 10k

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, and that this notification obligation terminates on the date that Hiscox issues a policy pursuant to this application.

I declare that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

NOTICE TO ALASKA RESIDENT APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS RESIDENT APPLICANTS: 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 subject to fines and confinement in prison.

NOTICE TO CALIFORNIA RESIDENT APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO RESIDENT APPLICANTS: 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 policy holder 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 RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

NOTICE TO FLORIDA RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII RESIDENT APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

NOTICE TO IDAHO RESIDENT APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

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

NOTICE TO KENTUCKY RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud an 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.

NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

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

NOTICE TO NEBRASKA RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEVADA RESIDENT APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS: Any person who, with the 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 NEW JERSEY RESIDENT APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO RESIDENT APPLICANTS: Any person who 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 RESIDENT APPLICANTS: Any persons who knowingly and with the 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 RESIDENT APPLICANTS: Any person who, with the 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 OKLAHOMA RESIDENT APPLICANTS: WARNING: Any person who knowingly and with the 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 PENNSYLVANIA RESIDENT APPLICANTS: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.



State National Insurance Company, Inc.
Administered by Hiscox Inc.

Advertising agency, marketing and communications industry application

NOTICE TO UTAH RESIDENT APPLICANTS: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA RESIDENT APPLICANTS: 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 WASHINGTON RESIDENT APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS: 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.

Signature

Date (mm/dd/yyyy)

Title:

Agent's License Number:

BR 654183

Agent's Name:

John Buttine Inc. 800 964 4454 jmb@buttine.com or am@buttine.com

A copy of this application should be retained for your records.