

# ▼ DONALD GADDIS CO., INC.

WHOLESALE INSURANCE BROKERAGE

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(312)853-0071 | [www.gaddiscompany.com](http://www.gaddiscompany.com)

## Multimedia 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 for defense costs shall be applied against the retention amount.**

### Section 1 – Your business

1. Name of applicant:
- Address:
- Zip code:
- Telephone:  Email:
- Fax:
- When was your business established?
2. Please provide your total number of staff:

### Your website(s)

3. a. Please list all website addresses for which you seek coverage:
- b. Do you have any facility within your websites where any third party content may be published or otherwise made publicly accessible on any web log, online journal, online diary, or online chat room? Yes  No
- c. Is all third party material subject to your standard editorial checking procedures prior to posting on your websites? Yes  No   
If No, please provide details:
- d. Please provide details of your complaints and take-down procedures:

### Your gross revenue

4. Please provide your gross revenue, including fee income and where it comes from in the tables below:

a.

	Past year ending / /	Current year	Estimate for coming year
Total gross revenue including fee income	\$	\$	\$

- b. Estimated percentage split of your gross revenue (including fee income) emanating from:

	Past year ending / /	Current year	Estimate for coming year
United States of America	%	%	%
Rest of the world	%	%	%



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- c. What percentage of your gross revenue comes from advertising revenue?  %
- d. If you are both a publisher and a broadcaster please provide a percentage split of gross revenue between the two activities:
- Publishing  %
- Broadcasting  %
- Other - please specify:   %

### Section 2 – Publishers

Please complete this section if you undertake any publishing activities

#### Your publishing activities

5. a. For all newspapers/magazines you publish, please fill out the table below including 'frequency of publication' (e.g. daily, weekly, bi-weekly, bi-monthly, monthly, quarterly, annual) and "circulation area" (e.g. international, national, regional, metro, community, etc.). Continue on a separate sheet if necessary.

Name and type of Publication	Nature of content	Frequency of publication	Average circulation	Circulation area

- b. For all books published by you, please provide a percentage split of your revenues as follows:

Genre	Percentage of revenue	Genre	Percentage of revenue
Children's	%	Personal betterment	%
Educational	%	Political commentary	%
Business (legal/financial)	%	By or about celebrities	%
Medical	%	Technical	%
Investigative/exposé	%	Religious	%
Biography and autobiography	%	How to	%
Other non-fiction	%	Law	%
Fiction	%	Hobbyist	%
Other - please specify:	<input type="text"/>		%

Please attach a copy of your current book catalogue to this proposal form.

- c. For all the books published by you, please provide a percentage split between original titles and reprints:

Original titles:  % Reprints:  %

#### Non-employed contributors

6. What percentage of your content is supplied by third parties (e.g. non-employed contributors including freelancers, stringers or other non-employees)?  %
7. What percentage of your content is supplied by news or feature syndications or wire services?  %



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8. For any photographs and/or pictures used in your publications do you make sure that all licenses and consents are obtained from copyright holders? Yes  No   
 If No, please provide details:

### Section 3 – Broadcasters

#### Your broadcasting activities

9. a. For all material you broadcast, please fill out the table below. Please continue on a separate sheet if necessary:

Name of station (call letters)	Medium of broadcast	Hours of broadcast per week	Peak audience figure	Geographical market	Nature of broadcast

- b. If you broadcast any of the following, please advise the percentage of your total broadcasting time dedicated to the applicable genres:

- i. News originated by you %
- ii. Programming where the content is supplied by a third party, please breakout as follows:
  - a. news wire service %
  - b. network affiliate %
  - c. freelancers, stringers, or other non-employees %
- iii. Current affairs/investigative reporting %
- iv. Discussion/phone-ins/live/unscripted %

10. For all live broadcasts is there a time delay of at least seven seconds? Yes  No  N/A

If No, please provide details:

11. Please describe all your original programming other than news:



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12. Do you have any on air personalities/DJ considered a 'shock jock'? Yes  No

If Yes, please list their name(s) and describe the format of the show(s):

### Section 4 – Risk management procedures

#### Editorial and legal review

13. a. What procedures do you have regarding legal or editorial review of articles, broadcasts, or other communication prior to release? Please include the circumstances in which you would refer material to lawyers for checking prior to publication, broadcast or dissemination.

If you have standard written procedures, please attach a copy.

b. Who is responsible for final sign-off of content prior to dissemination? Please give details of their position and relevant experience.

c. Which law firms and attorneys do you use for pre-dissemination advice regarding potential liabilities arising out of newsgathering or out of the publication or broadcast of material?

Name of firm(s):

Principal contact(s):

Years of experience in libel and/or intellectual property law:

Law firm  years      In-house counsel  years

Approximate number of hours billed per month:

d. Do you have written complaint and retraction procedures? Yes  No

If Yes, please provide details:

e. What are your procedures for dealing with unsolicited submissions?



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f. Do you publish disclaimers with respect to technical information or advice? Yes  No  N/A

g. Do you hold educational seminars for reporters and editors addressing libel, slander, rights of privacy or publicity, trespass, or copyright infringement as it relates to their reporting activities? Yes  No  N/A

If Yes, how often?

h. Please list any professional association to which you are a member:

i. Do you engage in hidden cameras, undercover investigations, and/or ride-alongs with law enforcement, medical emergency services or private investigators? Yes  No

If Yes, please provide details:

**Non employed contributors** 14. Do you always obtain a hold harmless or indemnity from non-employed contributors for claims that may arise from the content of the material? Yes  No

If No, please provide details:

### Section 5 – General matters

#### Optional coverage

15. Do you desire coverage for commercial printing you do for others? Yes  No

If Yes, what is the gross annual income derived from commercial printing operation?

#### Other services for clients

16. Do you provide any other services to third parties for which you would like us to consider providing cover? Yes  No

If Yes, please provide details:



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### Current insurance

17. a. Do you currently have a media liability insurance policy? Yes  No

If Yes, what is the renewal date?

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

Name of insurer:

Limit of liability:

Retention:

Excess:

Premium:

### MISSOURI APPLICANT/AGENTS – DO NOT ANSWER THIS QUESTION

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

If Yes, please provide full details:

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

If Yes, please answer the following:

Name of insurer:

Limit of liability:

Personal injury coverage is:

Included

Excluded

Product liability coverage is:

Included

Excluded

### Claims declaration

18. 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:

### Subpoena declaration

- b. In the past (5) five years, how many subpoenas have been served on you seeking documents or information obtained in the course of your media activities?

Of these, how many times have you challenged the subpoena by filing a motion in court?



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- 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:

It is understood and agreed that with respect to questions 18 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:

- One copy of each publication if not available on-line for viewing
- Specimen contract with advertisers, news services, syndicates and non-employee writers
- Current financial statements
- Experience resume of editor, publisher, station manager (if ownership is less than three (3) years)

### 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, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are 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 and warranting 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.



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Signature

Date (mm/dd/yyyy)

Title:

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