

BY COMPLETING THIS SUPPLEMENTAL APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS," AND "DEFENSE COSTS" AND "SUBPOENA DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE SUPPLEMENTAL APPLICATION CAREFULLY BEFORE SIGNING.

SUPPLEMENTAL APPLICATION INSTRUCTIONS:

1. Whenever used in this Supplemental Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries, unless otherwise stated.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Completed, signed and dated *Cyberlite For Media*SM By Chubb Application if unauthorized internet access coverage is requested;
 - List of all productions now owned or in distribution by **Applicant** or attach complete catalog and sales sheet describing same;
 - Description of procedure for checking accuracy, infringements, etc.;
 - Description of procedure for processing unsolicited ideas, scripts, screenplays, etc.;
 - Standard forms of agreement utilized by **Applicant**;
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if **Applicant** is a non-profit organization;
 - Experience resume(s) of principal officers, partners or individuals of **Applicant** if **Applicant** has been in operation for less than three (3) years; and
 - Any general information that would be helpful in evaluating the **Applicant**.

I. GENERAL INFORMATION:

1. Name of **Applicant** (as stated on the Application for Media Liability Insurance, attached hereto and made a part hereof):

2. Address of **Applicant's** Principal Office: _____
City: _____ State: _____ Zip Code: _____ County: _____
Telephone: _____

II. SPECIFIC INFORMATION:

1. Name and titles of principal officers, partners or individuals: _____

2. Estimated number and types of productions to be distributed annually:

_____ Features for theatrical release	_____ Mini-series & docu-dramas
_____ Features for television release	_____ Documentaries
_____ Television pilots and specials	_____ Industrial & training films
_____ Television series	_____ Short subjects
_____ Episodes of series	_____ Other – specify: _____

3. Describe in detail the planned distribution and exhibition of productions to be insured: _____

4. The territory in which the productions are to be distributed: _____
5. Rights acquired (theatrical, television, pay-TV, etc.): _____

6. Have all productions been previously exhibited? Yes No
If Yes, please describe where and when each production was released: _____

PROCEDURES:

7. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness) in any production? Yes No
If Yes, have clearances been obtained in all cases? Yes No
8. Are actual events portrayed in any production? Yes No
If Yes, please describe fully: _____

9. Name, address & telephone number of **Applicant's** attorney who clears acquisitions, rights & contracts:
Firm: _____ Address: _____
Individual: _____ Telephone: _____
10. Did **Applicant's** attorney approve as adequate the steps taken for clearance procedures in connection with the acquisition of each production? Yes No
If No, please explain: _____
11. Does **Applicant** obtain full indemnities from sellers or licensors against liability arising out of the distribution, exhibition or other use of the productions distributed? Yes No
If No, please explain: _____
12. Does **Applicant** require seller or licensor to maintain current and continuous in-force producers' Errors & Omissions liability insurance on each production acquired for distribution? Yes No
If No, please explain: _____
13. Does **Applicant** generally finance or otherwise participate in production of films distributed? Yes No
If Yes, please explain: _____
14. a. Number of productions presently on hand for distribution: _____
b. Average number of additional productions to be acquired per year: _____
15. List of professional societies and trade associations of which **Applicant** is a member or officer: _____

FINANCIAL INFORMATION:

16. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, or controlled by **Applicant**, including those entities or operations not to be covered by the proposed policy:

TOTAL ANNUAL OPERATING SALES/REVENUES			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories): <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations: <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____

17. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, or controlled by **Applicant**, including all Distributor entities or operations to be covered by the proposed policy:

TOTAL ANNUAL OPERATING SALES/REVENUES			
	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories): <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations: <input type="checkbox"/> Gross revenues <input type="checkbox"/> Sales or <input type="checkbox"/> Receipts (check the applicable basis)	\$ _____	\$ _____	\$ _____

18. Estimated assets of all of **Applicant's** operations: \$ _____

III. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Supplemental Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

IV. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Supplemental Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Supplemental Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Supplemental Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Supplemental Application and any attachments or information submitted with this Supplemental Application, are true and complete. The undersigned agree that this Supplemental Application and its attachments shall be the basis of a contract should a policy providing the

requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Supplemental Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Supplemental Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado 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 policy holder 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 District of Columbia 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, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 and Rhode Island 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.

Notice to Maine, Tennessee, Virginia and Washington 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 may include imprisonment, fines or a denial of insurance benefits.

Notice to Alabama and Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey 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 Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: Any person who knowingly and with 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Supplemental Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>	
Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____
<u>Submitted By:</u>	
Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____