

PROFESSIONAL LIABILITY FOR SPECIFIED PROFESSIONS APPLICATION
ADVERTISING AGENCY/ MEDIA CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:
2. Does the Applicant have a review process in place to screen material to be used in its advertising products?
Yes No

If yes, check those categories that the Applicant screens for:

Libel and Slander Trademark Infringement Copyright Infringement Privacy Infringement

3. Is an attorney review part of the Applicant's clearance procedures? Yes No
4. Provide a complete description or attach a copy of the Applicant's clearance procedures for trademarks/copyrights:

(Failure to comply will result in denial of copyright/trademark infringement coverage)

5. Does the Applicant use material created or supplied by third parties (e.g. text, videos or music) in its advertising products? Yes No
- 5b. If yes, does the Applicant obtain prior written clearance from the third party that specifically permits the Applicant to use such material in its advertising product? Yes No
6. Does the Applicant produce political advertising? Yes No
7. What modes of advertising does the Applicant place? What percent of your annual revenue is derived from each?

TV	%	Radio	%
Telemarketing	%	Direct Mail	%
Banner Ads	%	E-Mail	%
Public Service Announcements	%	Magazines	%
Other (specify):	%	Cable	%

8. Please provide the following detail on the firm's five (5) largest projects/clients in the last two (2) years in terms of revenue generated:

<p>Client / Project Name: Client's Industry: Approximate revenue generated from this project: \$ Description of services provided:</p>
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9. Does the Applicant produce "infomercials"? Yes No

The undersigned agrees that as a condition precedent to coverage the Applicant shall have adopted and adhered to written clearance procedures that are reasonably designed to prevent and protect against the sort of claims for which coverage is provided under this policy.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Professional Liability for Specified Professions 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