



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

MULTIMEDIA SUPPLEMENT

1. Name of Applicant: _____

2. Indicate gross annual sales attributable to:

Advertising/Advertising Agency	\$_____
Book Publishing	\$_____
Broadcasting and Telecasting	\$_____
Cablecasting	\$_____
Film Production	\$_____
Magazine Publishing	\$_____
Newspaper Publishing	\$_____
Other (specify)	\$_____
Total, US	\$_____
Total, Foreign	\$_____
Total, All Operations, All Territories	\$_____

3. Describe the Applicant's standard procedure for checking accuracy of contents:

4. Name of in-house counsel: _____

Years of experience in media law: _____

5. Name of outside counsel: _____

Years of experience in media law: _____

6. Is Personal Injury coverage desired? [] Yes [] No

COMPLETE ANY AND ALL OF THE FOLLOWING SECTIONS WHICH ARE APPLICABLE TO THE APPLICANT'S OPERATIONS.

7. Advertising/Advertising Agency

Does the Applicant create comparative advertisements? [] Yes [] No

If Yes, list accounts, types and descriptions of advertising.

Does the Applicant produce any radio or television programs? [] Yes [] No

If Yes, list productions and details on each program presently on the air.

Indicate principal advertising media as a percentage of operations:

TV ___% Magazine ___% Brochures ___% Radio ___% Billboards ___% Other ___%

Gross billings (advertising expenditures) for the most recently completed fiscal year: \$_____

	Domestic	Foreign
Excluding capitalized and service fees	\$_____	\$_____
Capitalized and service fees	\$_____	\$_____
Projected current year gross billings	\$_____	\$_____

List five largest clients/products:

8. Book Publishing

Book Type	Percentage
_____	___%
_____	___%
_____	___%

9. Broadcasting and Telecasting

Call Letters	Location	Highest Advertising
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Cablecasting

Name of System	Location	Number of Locations	Market Classification
----------------	----------	---------------------	-----------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Originated Programming Type	Number of Hours per Week
-----------------------------	--------------------------

_____	_____
_____	_____

Gross Receipts Derived from Syndication of Originated Programming: \$_____

11. Film Production

Type:

Number of films in preceding twelve months: _____ Production _____

Distribution

Number of films scheduled for current year: _____

List top five films in past year:

12. Magazine Publishing

Magazine Name	Location	Frequency of Circulation	Average Circulation
---------------	----------	--------------------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Newspaper Publishing

Newspaper Name	Location	Frequency of Circulation	Average Circulation
----------------	----------	--------------------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Other

Other Published Materials (i.e. charts, graphs, maps, audio-visual aids, greeting cards, posters, etc.)

Type	Gross Sales
_____	\$ _____
_____	\$ _____
_____	\$ _____

Printing for third parties

Type	Receipts
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Please attach the following:

- A brochure or list of current book titles, films, programming, etc.
- A copy of the latest annual report.
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- A sample of each publication (except books), if applicable.
- A sample of advertising, if applicable.

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____