



**Miscellaneous PROtectSM
Advertising Agency/Communications
Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions, the information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted
- This form must be completed, dated and signed by an authorized officer of the applicant to include this completed form as part of the Application

1. Applicant Name (as identified in the application submitted for the proposed insurance):

2. Percentage of gross billing in the following media:

Broadcasting	%	Production of Film, TV or Radio Programs	%
Mail Order/Catalogs	%	Public Relations	%
Package Design	%	Publishing	%
Photography	%	Telemarketing	%
Magazine/Newspaper	%	Mobile	%
Internet	%	Social Networking	%
Others (describe):	%		

3. Do you specialize in certain kinds of advertising or marketing services? Yes No
If "Yes", please describe specialization:

4. Do you engage in advertising outside the United States, its territories and possessions or Canada? Yes No
If "Yes", what is the amount of foreign Gross Billing? \$

5. Do you obtain written releases with respect to creative material or talent from:
- a. Employees? Yes No
 - b. Models? Yes No
 - c. Freelancers, photographers, writers, composers, artists, illustrators or musicians? Yes No
 - d. Non-professional persons appearing in commercial or advertisements? Yes No

6. Does the Applicant engage in developing "Original Content"? Yes No
If "Yes", please describe the procedure in place to review Original Content developed.

7. Do you engage in competitive advertising campaigns? Yes No
If "Yes", provide name of client and description of the campaign.

8. Name of advertising associations or trade groups to which you belong.

RISK MANAGEMENT PROCEDURES AND CLAIM INFORMATION

9. Do you have an editorial or legal review process in place to ensure that you are not disseminating confidential, defamatory or infringing content? Yes No

If "Yes", indicate In House Counsel Outside Counsel

If "Outside Counsel", please provide name of the firm:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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