



AMERICAN INTERNATIONAL COMPANIES ®

Name of Insurance Company
To Which Application is Made: \_\_\_\_\_
(herein called the Insurer)

ADVERTISING AGENTS SERVICES SUPPLEMENTAL APPLICATION

NOTE: ALL QUESTIONS ASKED IN THIS APPLICATION ARE WITH REGARD TO PROFESSIONAL SERVICES AS AN ADVERTISING AGENT FOR OTHERS. THIS IS NOT AN APPLICATION FOR FIRST-PARTY ADVERTISERS' LIABILITY.

1. Name of Applicant: \_\_\_\_\_

2. Provide a breakdown of percentages of gross revenue derived from the following media:

Form with columns for media types: Television, Cable Television, Newspapers, Magazines, Billboards, Other (specify). Each has a line for percentage.

3. Provide a breakdown of employees in the following areas:

Form with columns for employee areas: Copy, Media, Production, Sales, Research, Other, Clerical. Each has a line for count.

4. What percentage of services are performed by independent contractors (e.g., jingle writers, composers)? \_\_\_\_\_%
Attach a sample copy of contract in place between the Applicant and contractors.

5. What is the Applicant's procedures for reviewing material for copyright/trademark infringement, personal injury or regulatory compliance?

Four horizontal lines for providing procedures.

6. If outside legal firms are used, provide the law firms' names below:

Two horizontal lines for providing law firm names.

Named Applicant \_\_\_\_\_

Date \_\_\_\_\_

7. Do you require clients to review your work and provide you with legal sign-off on any material to be used in advertisements? Yes  No

8. Do you consult with respect to comparative advertising? Yes  No   
If yes, please specify percentage of services and enclose a sample copy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the applicant currently insured under a General Liability and/or Umbrella Policy? Yes  No  If yes, give details.

<u>Insurance Company</u>	<u>Type of Coverage</u>	<u>Limits</u>		<u>Date</u>
		<u>Bodily Injury</u>	<u>Property Damage</u>	

**THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_