

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060  
Phone: (800) 752-8402 • Fax: (317) 776-6891  
www.roushins.com • Email: quote@roushins.com



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## APPLICATION FOR CAMPAIGN MEDIA LIABILITY INSURANCE

**Notice:** The policy for which application is made applies only to "Claims" first made during the "Policy Period." The limits of liability shall be reduced by "Claim Expenses" and "Claim Expenses" shall be applied against the deductible, unless the policy is amended by endorsement.

Please read the policy carefully.

If space is insufficient to answer any question fully, attach a separate sheet.

If response is none, state NONE.

### I. GENERAL INFORMATION

1. (a) Full name of Applicant: \_\_\_\_\_  
(b) Full name of Candidate: \_\_\_\_\_ FEC Candidate Id #: \_\_\_\_\_  
(c) Office Sought: \_\_\_\_\_ FEC Committee Id #: \_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)
3. Web Site Address(es): \_\_\_\_\_ 4. Phone Number: \_\_\_\_\_
5. (a) Date organized (MM/DD/YYYY): \_\_\_\_\_ (b) Anticipated Discontinuation Date (if any): \_\_\_\_\_

### II. ADDITIONAL INFORMATION

1. Attach:
  - (a) Lasted annual financial statements or quarterly campaign finance disclosure form.
  - (c) Specimen advertisements, brochures and descriptive campaign literature.
  - (d) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

### III. MEDIA ACTIVITIES

1. Total media budget for the coming year: \$ \_\_\_\_\_
2. Provide the percent of the Applicant's media budget allocated to the following:

Advertising - Newspaper/Magazine	_____%
Commercials - Radio	_____%
Commercials - Television	_____%
Flyers/Bumper Stickers/Yard Signs	_____%
Mailings	_____%
Website	_____%
Other (describe) _____	_____%
3. Does the Applicant:
  - (a) Have in-house legal counsel with experience in media and intellectual property laws? .....Yes [ ] No [ ]
  - (b) Utilize outside legal counsel for media and intellectual property matters? .....Yes [ ] No [ ]
    - (i) If Yes, provide the following:  
Name of outside legal counsel: \_\_\_\_\_  
Name of firm: \_\_\_\_\_  
Address: \_\_\_\_\_
  - (c) If no in-house or outside legal counsel is utilized, describe the Applicant's procedures for evaluating media and intellectual property matters. \_\_\_\_\_
  - (d) Follow written clearance procedures for all materials prior to release? .....Yes [ ] No [ ]

4. Does the Applicant employ staff with media experience? .....Yes [ ] No [ ]  
 (a) If Yes, provide the following:  
 Name of the individual(s): \_\_\_\_\_  
 Position in the campaign: \_\_\_\_\_  
 Number of years of media experience: \_\_\_\_\_
5. Does the Applicant use an outside advertising agency or public relations firm? .....Yes [ ] No [ ]  
 (a) If Yes, provide the following:  
 (i) Name of the agency(ies) or firm(s): \_\_\_\_\_  
 (ii) Does the Applicant have a written contract or agreement for all work to be performed? .....Yes [ ] No [ ]  
 (a) If Yes, attached a copy of the written contract or agreement.  
 (iii) Does the Applicant approve all work prior to its release? .....Yes [ ] No [ ]  
 (iv) Does the Applicant require proof of Media Injury Liability Insurance from all agencies and firms? .....Yes [ ] No [ ]
6. For all materials created by the Applicant, does the Applicant obtain written releases from the following:  
 (a) Employees? .....Yes [ ] No [ ]  
 (b) Free-lance journalists, writers, photographers, artists, musicians? .....Yes [ ] No [ ]  
 (c) Models? .....Yes [ ] No [ ]  
 (e) Other individuals appearing in materials? .....Yes [ ] No [ ]
7. Does the Applicant allow users to post content on its website(s)? .....Yes [ ] No [ ]  
 (a) If Yes, does the Applicant review all content prior to posting? .....Yes [ ] No [ ]
8. Does the Applicant or the candidate allow their endorsement to be included in advertisements created or published by unrelated advocacy groups? .....Yes [ ] No [ ]  
 (a) If Yes, provide the name of the organization(s): \_\_\_\_\_  
 (b) Does the Applicant review all content prior to approving the use of endorsement wording? .....Yes [ ] No [ ]

**IV. CLAIMS/HISTORY**

1. During the last five (5) years, have there been any incidents, claims, suits or proceedings against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance, arising out of the following:  
 (a) Infringement of copyright, trademark, service mark or service name, title, trade dress, trade name or slogan? .....Yes [ ] No [ ]  
 (b) Unfair competition in connection Infringement of copyright, trademark, service mark or service name, title, trade dress, trade name or slogan? ..... Yes [ ] No [ ]  
 (c) Libel, slander or defamation? ..... Yes [ ] No [ ]  
 (d) Invasion or infringement of the right of privacy or publicity? ..... Yes [ ] No [ ]  
 (e) Malicious prosecution, abuse of process, false arrest or false imprisonment? ..... Yes [ ] No [ ]  
 (f) Humiliation or infliction of emotional distress? ..... Yes [ ] No [ ]  
 If the answer to any of the above is Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future.
2. Is the Applicant and/or any of its principals, partners, owners, officers, directors, employees, managers or managing members or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance? .....[ ] Yes [ ] No  
 If Yes, provide details. \_\_\_\_\_
3. Has the Applicant ever been the subject of any disciplinary action or been investigated, reprimanded or fined by the Federal Trade Commission or other regulatory agency for violations arising out of advertising? .....[ ] Yes [ ] No  
 (a) If Yes, attach a separate sheet detailing the action(s), the result(s) and steps taken to mitigate future disciplinary actions.
4. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five (5) years? .....Yes [ ] No [ ]  
 If Yes, attach a copy of such insurer's notice.

5. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices?.....Yes [ ] No [ ]  
If Yes, provide details on a separate sheet.
6. Does the Applicant carry General Liability Insurance? .....Yes [ ] No [ ]  
If Yes, provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance, situation or incident indicating the probability of a "Claim" or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or organization(s) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance, situation or incident any "Claim" subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

This application, information submitted with this application and all previous applications related hereto and material changes to any of the foregoing of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy.

For the purpose of this application, the undersigned authorized agent of the person(s) and organization(s) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application and in any attachments, are true and complete. The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

The undersigned declares that the person(s) and organization(s) proposed for this insurance understand that the liability coverage(s) for which this application is made apply(ies):

- (i) Only to "Claims" first made during the "Policy Period";
- (ii) Unless amended by endorsement, the limits of liability contained in the policy shall be reduced, and may be completely exhausted by "Claim Expenses" and, in such event, the Company will not be liable for "Claim Expenses" or the amount of any judgment or settlement to the extent that such costs exceed the limits of liability in the policy; and
- (iii) Unless amended by endorsement, "Claim Expenses" shall be applied against the "Deductible".

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant Date

**Notice to 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 the person to criminal and civil penalties.

Agency \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_