

ARCHITECTS AND ENGINEERS MEDIA COVERAGE EXTENTION SUPPLEMENTAL APPLICATION

This is a supplemental application to be completed with the Architects and Engineers Liability Insurance

Application Applicant's Name:

Advertising Activities

- 1) Does the Applicant have an in-house advertising agency or marketing department? Yes No
- 2) Does the Applicant engage any outside advertising agencies?
If "Yes":
 - a. Are written hold harmless or indemnity agreements in the Applicant's favor used? Yes No
 - b. Are advertising agencies required to provide evidence of insurance? Yes No
- 3) Does the Applicant consult with outside counsel regarding advertising activities including, but not limited to, actions of content reviews, contract and release procedures, editorial processes and complaint handling? Yes No
- 4) Has the Applicant ever been cited or received any complaints by or from any government or industry regulatory agency for any violations arising out of advertising activities?
If "Yes", please explain. Yes No
- 5) Please provide percentage of advertising expenditures and activities:

Radio	%	Industry Publications	%
Television	%	Internet/Insured website	%
Newspaper	%	Social Media	%
Magazines	%	Other (please specify)	%

Speaking / Presentation Activities

- 1) Does the Applicant participate in any of the following activities:

Continue Education course teaching or speaking	<input type="radio"/> Yes	<input type="radio"/> No
Industry Panel Discussions or presentations	<input type="radio"/> Yes	<input type="radio"/> No
Industry seminar presentations or speeches	<input type="radio"/> Yes	<input type="radio"/> No
Media interviews or press conferences	<input type="radio"/> Yes	<input type="radio"/> No

If "Yes", please provide approximate number per year and brief description on following page.

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of
Applicant or Authorized
Representative:

Current Date:

Title:

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or
Authorized Representative

Current Date:

Title:
