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**INDEPENDANT CONTRACTORS SUPPLEMENT TO
MEDIA SPECIAL PERILS POLICY APPLICATION**

Note: All questions must be answered. All requested attachments must accompany the application.

1. Name of Proposed Insured (as it should be stated on your policy if issued)

2. Please advise what percentage of your content is

a) original content created by You _____ %

b) original content created by others (non employees) for You _____ %

c) previously published, released or archived content to be republished, re-released or archived by you _____ %

3. With regard to content referenced in 1.b. above, do you acquire from the author/content provider a written assignment of rights in the matter? Yes No

Please provide a copy of Your standard contract used to accomplish the assignment of such rights to You.

4. With regard to content referenced in 1.c. above, does the content provider(s) agree in writing, to hold You harmless for claims that might arise involving the ownership of rights in the content? Yes No

If Yes, please provide a copy of a representative example of such an agreement you have received from such a content provider.

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 IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____

Agent or Broker _____

Address, Zip Code _____

Telephone _____