

ADVERTISING AGENCY/PUBLIC RELATIONS

SUPPLEMENTAL APPLICATION

Applicant:

1. Estimated gross annual billings for current fiscal period and approximate percentage in the following media:
- | | |
|--------------|---|
| a. Radio | <input style="width: 60px; height: 20px;" type="text"/> % |
| b. TV | <input style="width: 60px; height: 20px;" type="text"/> % |
| c. Newspaper | <input style="width: 60px; height: 20px;" type="text"/> % |
| d. Outdoor | <input style="width: 60px; height: 20px;" type="text"/> % |
| e. Magazines | <input style="width: 60px; height: 20px;" type="text"/> % |
| f. Other | <input style="width: 60px; height: 20px;" type="text"/> % |

Please list major clients:

2. Please complete the appropriate sections indicating the approximate percentages of your total operations:
- | | |
|---|---|
| a. Public relations consultant | <input style="width: 60px; height: 20px;" type="text"/> % |
| b. Mail order or catalogue sales firm | <input style="width: 60px; height: 20px;" type="text"/> % |
| c. Publishing | <input style="width: 60px; height: 20px;" type="text"/> % |
| d. Broadcasting | <input style="width: 60px; height: 20px;" type="text"/> % |
| e. Production of films, radio or television programs | <input style="width: 60px; height: 20px;" type="text"/> % |
| f. Photo service | <input style="width: 60px; height: 20px;" type="text"/> % |
| g. Package design/logos/trademarks/other corporate identities | <input style="width: 60px; height: 20px;" type="text"/> % |

If involved in the section g. above, please provide the following:

- a. Number of trademarks developed per year:
- b. Description of legal review procedures for trademarks/copyrights:
-

3. Does applicant's activities involve set up and/or management of promotional games, contests, lotteries, sweepstakes, or other games of chance? YES NO

If YES, provide details including specific contracts and approximate percentage of your total operation:



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It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf of the applicant:

Date:

A copy of this application should be retained for your records.