



MEDIA INSURE ADVERTISING LIABILITY QUICK QUOTE

Name: _____ Tel: _____
Address: _____ Fax: _____
_____ Website _____
_____ Tax ID # _____
Do you have this coverage already? Y / N
CURRENT EXPIRATION DATE _____
CURRENT INS CO: _____

Person to contact with questions: _____

Date Company was established _____ Areas of Operation __Local__ National__ International

Has there been a name change, acquisition or merge in the last 5 years? _____

List Major Clients: _____

Do any of your clients produce or manufacture __Tobacco__ Firearms__ Pharmaceuticals

Provide estimated percentage of work performed in relation to your annual business:
____PR ____Media Buy ____Promotion/Sweepstakes ____Website ____Package
____Photo Serv ____Mail order-Catalog ____Broadcast Production ____Mrkt Research

Estimate number of trademarks created each year? _____

Do you obtain releases for work from the following? Free lance employees, Models, artists, musicians, actors, ____yes ____no (if no which ones? _____)

Is the firm currently a member of ____Second Wind? ____AAAA?

Estimated Total Gross Annual Billing for current year _____ projected year _____

Liability Limit requested \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000
(circle one)

Deductible Per Occurrence \$5,000 \$10,000 \$15,000 \$25,000
(circle one)

**The above questions represent the required information to obtain estimated annual policy pricing. Further information may be required to bind or issue coverage. A signed and dated application with the above information pre-filled will be provided and must be completed before a policy can be bound. The above represents that the applicant has not experienced any claims or notifications of threatened lawsuits or the like.
Any questions, please call 800-414-2929 ext 220.*

FAX THIS APPLICATION TO US AT 1-312-829-6698

or email to: gbrown@collectorsrisk.com