

**SUPPLEMENT MISCELLANEOUS PROFESSIONAL LIABILITY APPLICATION
PUBLIC RELATIONS
(Claims Made Basis)**

Name of Applicant: _____

1. Estimated gross annual billings for current fiscal period and approximate percentage in the following media:

Radio	\$ _____	_____ %
Television	\$ _____	_____ %
Newspaper	\$ _____	_____ %
Outdoors	\$ _____	_____ %
Magazines	\$ _____	_____ %
Other (describe) _____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total:	\$ _____	100 %

2. List major clients:

3. Please complete the approximate sections indicating the approximate percentage of your total operations:

Public relations consultant	_____ %
Mail order or catalogue sales firm	_____ %
Publishing	_____ %
Broadcasting	_____ %
Production of films, radio or television programs	_____ %
Photo service	_____ %
Package design/logos/trademarks/other corporate identities	_____ %
Other (specify) _____	_____ %
Total:	100 %

4. If applicable, please provide the following information:

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

5. Does Applicant's activities involve setting up, organizing and/or managing promotional games, contests, lotteries, sweepstakes, or other games of chance? ___Yes ___No.
6. If Yes, to question 5 above, provide details including specific contracts and approximate percentage of your total operations:

It is understood that this supplement becomes a part of the Application for Miscellaneous Professional Liability insurance, and is utilized to develop pertinent information unique to advertising agency and/or public relations operations.

Date

Authorized Representative

Title