COVER-PRO SM APPLICATION
ADVERTISING AGENCY/ MEDIA CONSULTANT SUPPLEMENT

1. Full name of the Applicant Firm:

2. Does the Applicant have a review process in place to screen material to be used in its advertising products?
   Yes   No

   If yes, check those categories that the Applicant screens for:

   Libel and Slander   Trademark Infringement   Copyright Infringement   Privacy Infringement

3. Is an attorney review part of the Applicant's clearance procedures?   Yes   No

4. Provide a complete description or attach a copy of the Applicant's clearance procedures for trademarks/copyrights:

   (Failure to comply will result in denial of copyright/trademark infringement coverage)

5a. Does the Applicant use material created or supplied by third parties (e.g. text, videos or music) in its advertising products?   Yes   No

5b. If yes, does the Applicant obtain prior written clearance from the third party that specifically permits the Applicant to use such material in its advertising product?   Yes   No

6. Does the Applicant produce political advertising?   Yes   No

7. What modes of advertising does the Applicant place? What percent of your annual revenue is derived from each?

TV:	%	Radio:	%
Telemarketing:	%	Direct Mail:	%
Banner Ads:	%	E-Mail:	%
Public Service Announcements:	%	Magazines:	%
Internet/Website	%	Cable	%
Other: (specify):			%

9. Does the Applicant produce "infomercials"?   Yes   No

The undersigned agrees that as a condition precedent to coverage the Applicant shall have adopted and adhered to written Clearance Procedures that are reasonably designed to prevent and protect against the sort of claims for which coverage is provided under this policy.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro^{sm} application and is subject to the same conditions as stated on the application.

Name (Please Print)   Title **(Must be Principal, Partner or Officer)**

_____
Signature   Date

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

_____
Signature   Date