The J. P. Anthony Agency, LLC

email completed app to: Jack@JPAnthonyInsurance.com

BOOK PUBLISHER LIABILITY COVERAGE APPLICATION FOR INSURANCE

Submission of a completed application incurs no obligation to purchase or bind insurance.

1. Name of Proposed Insured (as it should be stated on the policy if issued): 2. List other subsidiaries, affiliates and trade names to be included for insurance: 3. Principal Street Address = City ZIP Code 4. Date purchased by present owner: **Book Publishing** 5. For current fiscal year, specify number of: Original Titles Titles distributed for others Reprints 6. Type of book published. (please provide approximate percentage for each of the following categories) % "Managed" % Textbooks % Children's Textbooks % How-to-do-it % History, Biography % Technical % Current Biography, % Investigative reporting, Autobiography % Religious expose % Celebrity % Social, Political % Classics Commentary % Poetry % Other (describe) % Fiction Periodical Publications, Monographs 7. List Area of Name Type Frequency of Circulation Circulation Circulation Other Forms of Media (i.e., cassettes, tapes, maps, brochure, etc.) 8. List Annual Revenue Type Type Annual Revenue **Financial Information** 9. Book publishing - gross annual sales: A. Publishing United States Distribution Canada Subsidiary Rights United Kingdom Total Australia Other Countries (specifiy) Total

Note: All questions must be answered. All requested

attachments must

accompany application.

10.	Total gross annual sales from all media:	
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RSUI-AF005 (7/03)

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Agent or Broker			
Principal Street Address	= City	□ State	* ZIP Code