

BROADCASTER LIABILITY COVERAGE

Application for Insurance

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

NOTE: All questions must be answered. All requested attachments must accompany application.

1. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation, and changes - refer to specimen policy.**

Street Address

City, State, Zip Code

Telephone Number

Web Site Address(es)

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?
 Yes No If yes, please attach a list of entities for which coverage is desired.

NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 or 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____

B. Geographic area in which applicant operates:
____ Local ____ Regional (multi-state) ____ National ____ International

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
 Yes No

B. Does applicant wholly or partially own, operate, manage, or control any other businesses or entity(ies) not previously listed in Question 1 or 2?
 Yes No

If 4.A. or 4.B. are answered yes, provide complete details: _____

5. Within the past five years, has applicant:

A. Changed name? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated operations with another entity? Yes No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

6. Network affiliation Independent Public broadcasting Educational Religious All news
(specify) _____

RADIO BROADCASTING

7. A. List stations owned or operated by applicant:

Call Letters	AM/FM	Location	Date Licensed	Percentage Simulcast/ Fully Automated	Highest 60-second Advertising Rate
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Please provide attachment, if necessary.

B. Briefly describe station format or type of programming:

TELEVISION BROADCASTING

8. A. List stations owned or operated by applicant:

<u>Call Letters</u>	<u>Location</u>	<u>Date Licensed</u>	<u>Highest Advertising Rate per Hour</u>	<u>Highest 30-second Spot Rate</u>
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Please provide attachment, if necessary.

B. Briefly describe station format or type of programming:

PROGRAMMING/OPERATIVE PROCEDURES

9. A. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

	Yes	No
B. Are news teams familiar with current libel law?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do the news teams engage in "investigative" reporting? If yes, attach description of methods for documenting sources of information.	<input type="checkbox"/>	<input type="checkbox"/>
E. Are "action reporter" or similar consumer programs broadcast or telecast? If yes, attach description of such programming and procedures utilized to verify accuracy of information.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do reporters participate in ride alongs with law enforcement, medical emergency services, or private investigators? If yes, please attach description of activities and procedures.	<input type="checkbox"/>	<input type="checkbox"/>
G. Are talk shows and interview programs pretaped or prerecorded?	<input type="checkbox"/>	<input type="checkbox"/>
H. Is a delay device used during "call-in", "hot-line" or other live audience participation programming over radio stations?	<input type="checkbox"/>	<input type="checkbox"/>
I. Do television news teams use "mini-cams"?	<input type="checkbox"/>	<input type="checkbox"/>
J. Does any station produce programming used by stations which applicant does not own or operate? If yes, provide details of programming provided to others: _____	<input type="checkbox"/>	<input type="checkbox"/>
K. Are independent producers required to provide applicant with written hold harmless or indemnity agreements with respect to the programming they offer? If yes, please attach a copy of agreement.	<input type="checkbox"/>	<input type="checkbox"/>
L. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements?	<input type="checkbox"/>	<input type="checkbox"/>
M. Does applicant pay licensing fees to ASCAP, SESAC, BMI or other music licensing society?	<input type="checkbox"/>	<input type="checkbox"/>

10. Is applicant a member of the National Association of Broadcasters? Yes No List all stations who are active NAB members: _____

11. List membership in other industry groups or associations: _____

12. List news feature services or syndicates used: _____

13. Is applicant involved in a time brokerage or local marketing agreement? Yes No If yes, attach a copy of the agreement.

FINANCIAL INFORMATION

14. A. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, including those entities or operations not to be covered by the proposed policy:

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues or sales (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues or sales (circle the applicable basis)	\$ _____	\$ _____	\$ _____

FINANCIAL INFORMATION (cont'd)

14. B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, or controlled by applicant, including all Broadcasting entities or operations to be covered by the proposed policy.

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues or sales (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues or sales (circle the applicable basis)	\$ _____	\$ _____	\$ _____

15. Estimated assets of all of applicant's operations: \$ _____
 Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

16. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter broadcast, telecast, advertised over a radio or television station or arising from Internet activities?

Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

17. During the past three years, has any similar insurance been issued to applicant?
 Yes No If yes, complete the following:

<u>Company</u>	<u>Policy Number</u>	<u>Limits</u>	<u>Deductible</u>	<u>Coverage Dates</u>	<u>Premium</u>
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18. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)
 Yes No If yes, give details. Add attachment if needed.

19. Policy limit required: \$ _____

20. Self-insured retention: \$ _____

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
 (please type or print)

Title _____

Name _____
 (signature of authorized representative)

Date _____

- To complete this application, please submit:
- Advertising rate card or statement of current highest 60-second or hourly rate (such rates are auditable by insurance carrier)
 - Advertising materials about applicant's operations
 - Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
 - Experience resumés of owner and station manager if applicant has been in operation for less than three years
 - Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence



Media/Professional Insurance
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