

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.

IMPORTANT NOTICE – NEW APPLICATION FORMAT

THIS APPLICATION IS A DOWNLOADABLE WORD TEMPLATE, WHICH CAN BE FILLED OUT ELECTRONICALLY AND TRANSMITTED VIA EMAIL. IN ORDER TO SAVE THIS APPLICATION TEMPLATE TO YOUR COMPUTER FOR USE, ENTER DATA INTO ANY FIELD AND CLICK THE (EXIT) IN THE UPPER RIGHT OF THE APPLICATION WINDOW. THIS ACTION WILL BRING UP A PROMPT TO SAVE THE DOCUMENT TO YOUR OWN COMPUTER. TO PRINT THIS DOCUMENT WITHOUT MODIFYING OR SAVING, USE THE "CTRL-P" KEYBOARD FUNCTION TO PROMPT A PRINT COMMAND.

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 list the 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. and 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 – specify: Independent Public broadcasting Educational Religious All news

RADIO BROADCASTING

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

<u>Call Letters</u>	<u>AM/FM</u>	<u>Location</u>	<u>Date Licensed</u>	<u>Percentage Simulcast/ Fully Automated</u>	<u>Highest 60-second Advertising Rate</u>
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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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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: _____
- B. Are news teams familiar with current libel law? Yes No
- C. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials? Yes No
- D. Do the news teams engage in "investigative" reporting? Yes No
If yes, provide description of methods for documenting sources of information.
- E. Are "action reporter" or similar consumer programs broadcast or telecast? Yes No
If yes, provide description of such programming and procedures utilized to verify accuracy of information.
- F. Do reporters participate in ride alongs with law enforcement, medical emergency services, or private investigators? Yes No
If yes, please provide description of activities and procedures.
- G. Are talk shows and interview programs pre-taped or prerecorded? Yes No
- H. Is a delay device used during "call-in", "hot-line" or other live audience participation programming over radio stations? Yes No
- I. Do television news teams use "mini-cams"? Yes No
- J. Does any station produce programming used by stations which applicant does not own or operate? Yes No
- K. Are independent producers required to provide applicant with written hold harmless or indemnity agreements with respect to the programming they offer? Yes No
If yes, please attach a copy of agreement.
- L. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? Yes No
- M. Does applicant pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? Yes No
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10. Is applicant a member of the National Association of Broadcasters? Yes No

List all stations that are active NAB members:

11. List membership in other industry groups or associations:
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12. List news feature services or syndicates used:
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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)	\$ _____	\$ _____	\$ _____

- B. 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 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, canceled, or refused to renew any similar insurance issued to applicant? Yes No (Not applicable in Missouri.)

If yes, give details:

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)

Name _____
(signature of Authorized Representative)

Title _____

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 résumés 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

A division of Financial & Professional Risk Solutions, Inc.
Two Pershing Square, Suite 800, 2300 Main Street
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile: (816) 471-6119
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We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

Telephone:

Facsimile:

ATTACHMENT TO BROADCASTER LIABILITY COVERAGE APPLICATION – LS C-1788 (3-02)

NOTICE TO COLORADO APPLICANTS:

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS:

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS:

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 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.

NOTICE TO OHIO APPLICANTS:

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS:

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS:

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.