

# 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:

<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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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:

Call Letters	Location	Date Licensed	Highest Advertising Rate per Hour	Highest 30-second Spot Rate
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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:

	Past 12 Months	Current 12 Months	Estimate for Coming Year
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)	\$ _____	\$ _____	\$ _____

