

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

BROADCASTER 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 ▪ State ▪ ZIP Code

4. Gross Revenue: \$ 5. Network Affiliation (Specify) _____
 Independent Public Broadcasting Educational

6. Radio Broadcasting

A. List stations owned or operated by applicant:

Call Letters	AM/FM	Location	Percentage Simulcast	First Air Date	Highest 60-Second Advertising Rate

B. Briefly describe station format or type of programming:

_____ % Music _____ % Talk/News _____ % Sports

7. Television Broadcasting

A. List stations owned or operated by applicant:

Call Letters	Location	Date Licensed	First Air Date	Highest Advertising Rate per hour	Highest 30-Second Spot Rate

B. Briefly describe station format or type of programming:

8. Programming/Operating Procedures

A. Name and address 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Do news teams engage in "investigative" reporting? If yes, attached description of methods for documenting sources of information	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Are "action reporter" or similar consumer programs broadcast or telecast?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. Are all talk shows and interview programs pretaped or prerecorded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
G. Is a delay device used during "call-in", "hot line" or other live audience participation programming over radio stations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
H. Do television news teams use "mini-cams"?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I. Does any station produce programming used by stations you do not operate? YES NO

If yes, provide details of programming provided to others.

J. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? YES NO

K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements? YES NO

L. Do you pay licensing fees to ASCAP, SESAC, BMI or other music licensing society? YES NO

9. List news feature services or syndicates used:

10. Is applicant involved in a time brokerage or local marketing agreement? YES NO

If yes, attach a copy of the agreement

11. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years arising out of matter broadcast, telecast, or advertised over a radio or television station? 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, and final disposition of the claim.

12. During the past three years, has any similar insurance been issued to the applicant? YES NO

If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium

13. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant? YES NO (Not applicable in Missouri)

If yes, give details. Add attachment if needed.

14. Policy Limit Required:

15. Deductible

\$

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name _____

Name

(Please type or print)

(Signature of authorized representative)

Title _____

Date

To Complete your application, you must 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 operation
- Experience resume for owner and station manager

▪ Agent or Broker

▪ Telephone

▪ **Principal Street Address**

▪ **City**

▪ **State**

▪ **ZIP Code**
