

# 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)


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 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**  
 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  
[www.mediaprof.com](http://www.mediaprof.com)  
**We Insure Free Speech Worldwide®**

Agent or Broker:  
 Address, Zip Code:  
 Telephone:  
 Facsimile:

# SUPPLEMENT TO BROADCASTER APPLICATION FOR CABLE TELEVISION ACCESS AND LOCAL ORINATION CHANNELS

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

1. Check one item describing local cable programming affiliation:

- |  |  |
|--|--|
| <input type="checkbox"/> Cable television system | <input type="checkbox"/> Local access          |
| <input type="checkbox"/> Municipality            | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> School/literary         |  |

2. Check one item describing approximate annual budget, contributions and other income for the coming year:

- |   |   |
|---|---|
| <input type="checkbox"/> \$0 to \$25,000        | <input type="checkbox"/> \$250,001 to \$500,000   |
| <input type="checkbox"/> \$25,001 to \$50,000   | <input type="checkbox"/> \$500,001 to \$750,000   |
| <input type="checkbox"/> \$50,001 to \$100,000  | <input type="checkbox"/> \$750,001 to \$1,000,000 |
| <input type="checkbox"/> \$100,001 to \$250,000 | <input type="checkbox"/> More than \$1,000,000    |

## PROCEDURE

3. Does applicant require every user to complete a channel use agreement?  Yes  No If no, explain in detail:

4. Does applicant's channel use agreement include a hold harmless and indemnity agreement from the user?  Yes  No  
If no, explain in detail:

5. A. Are approximate licenses obtained for all music cablecast over the channel?  Yes  No  
If no, explain in detail:

B. Are program producers required to show evidence of appropriate licenses for music?  Yes  No  
If no, explain in detail:

6. Provide a brief description of procedures for checking the accuracy of content, title, clearances, etc. for the channel's original programming:

## PROGRAMMING

7. A. Approximate number of hours or original programming per week: \_\_\_\_\_

B. Approximate number of hours of programming per week from other sources: \_\_\_\_\_

8. Approximate percentages of types of programming:

- |                                |                                       |
|--------------------------------|---------------------------------------|
| _____ % Musical productions    | _____ % Sports                        |
| _____ % Original news programs | _____ % Public affairs and government |
| _____ % Religious              | _____ % Theatrical performances       |
| _____ % Children's/educational | _____ % Other (specify) _____         |

9. Number of cable systems to which programming is distributed: \_\_\_\_\_

10. A. Number of operating program channels applicant is responsible for: \_\_\_\_\_

B. Number of operating alpha numeric channels applicant is responsible for: \_\_\_\_\_

11. Please describe other pertinent information relating to applicant's operations, such as licensing agreements, any merchandising related to programming, editorial review procedures, etc.

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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 include:

- Copy of incorporation papers or by-laws
- Copy of contract with cable operators
- Copy of contract with community interest groups
- Copy of channel use agreement
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Experience resumé if in operation or under present ownership/management for less than three years



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Agent or Broker:

Address, Zip Code:

Telephone:

Facsimile:

# MEDIA/CYBER LIABILITY SUPPLEMENT TO MEDIA SPECIAL PERILS POLICY APPLICATION

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

1. Name of applicant: \_\_\_\_\_

2. Provide all Internet web site address(es) applicant desires to cover: \_\_\_\_\_

3. What steps were taken to ensure that applicant's domain name does not infringe on the intellectual property rights of others? \_\_\_\_\_

4. Please indicate the percentages of applicant's total operations involving:

_____ %	Internet access
_____ %	Web page development/design/maintenance
_____ %	Web hosting/co-location/hot sites
_____ %	Bulletin boards/chat/forums
_____ %	Search engines
_____ %	On-line sales and order processing
_____ %	Proprietary databases
_____ %	Web site ownership activities
_____ %	Content provider
_____ %	Other (specify) _____
<u>100</u> %	TOTAL

5. Does applicant's web site(s) provide links to other websites?  Yes  No If yes, have all consents been obtained to link to those sites? \_\_\_\_\_

## 6. CONTENT QUESTIONS:

A. Indicate type of content disseminated (check all that apply):

<input type="checkbox"/> Software games	<input type="checkbox"/> Movies/movie clips
<input type="checkbox"/> Health/medical	<input type="checkbox"/> Database
<input type="checkbox"/> Archived documents/records	<input type="checkbox"/> Music/sound clips*
<input type="checkbox"/> Adult/mature audience/dating service	<input type="checkbox"/> Directed at children under the age of 13
<input type="checkbox"/> Bulletin board/chat room	<input type="checkbox"/> Other (specify) _____

\*Are music and sound clips downloadable?  Yes  No If yes, please verify that all licenses, consents and rights have been obtained from music owners: \_\_\_\_\_

B. Are web site(s) interactive?  Yes  No

C. 1) Advise percentage of the following:

a) Original content created by applicant	_____ %
b) Original content created by others (third parties) for applicant	_____ %
c) Previously published, released, or archived content to be republished by applicant and/or retrievable by applicant	_____ %

2) With regard to content referenced in C.1) b), above, does applicant acquire from the author/content provider a written assignment of rights in the matter?  Yes  No

3) Does legal counsel evaluate applicant's intellectual property procedures (use of copyrighted/trademarked material)?  Yes  No If yes, please provide the name, address and relationship to applicant's organization, and number of years involved in intellectual property law: \_\_\_\_\_

4) Have releases and consents been obtained and documented from performers, models and persons and/or subjects appearing in images exhibited in cyberspace?  Yes  No

5) Has applicant obtained and documented the rights to use intellectual property (including copyright and trademark) for the following content?

a) Music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Streaming content	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Downloadable content	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Software, including games	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Previously published, released or archived content	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Original content created by third parties for applicant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6) Does applicant pay licensing fees to licensing organizations (e.g. ASCAP, BMI, SESAC or other)?  Yes  No

D. Does applicant edit or review content created by others?  Yes  No

