

# 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. Name of Proposed Insured (as it should be stated on your 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. Telephone: \_\_\_\_\_

(      )

5.  Network Affiliation  Independent  Public Broadcasting  Educational  Religious  All News  
 (Specify) \_\_\_\_\_

6. Gross Revenues: \_\_\_\_\_

### 7. 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: \_\_\_\_\_

### 8. 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: \_\_\_\_\_

### 9. Programming/Operative Procedures

	Yes	No
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"/>	<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 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?	<input type="checkbox"/>	<input type="checkbox"/>

Please Complete Reverse Side

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| F. Are talk shows and interview programs pretaped or prerecorded?  | <input type="checkbox"/> | <input type="checkbox"/> |
| G. 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"/> |
| H. Do television news teams use "mini-cams"?   | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Does any station produce programming used by stations you do not own or operate?<br>If yes, provide details of programming provided to others.  | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Are independent producers required to provide you with written hold harmless or indemnity agreements in respect to the programming they offer? If yes, please attach copy of agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements?   | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Do you 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

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.

14. 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 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, 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.

15. During the past three years, has any similar insurance been issued to the applicant firm?

Yes  No If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
---------	------------	--------	------------	----------------	---------

16. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? (Not applicable in Missouri.)

Yes  No If yes, give details. Add attachment if needed.

17. Policy limit required: \$ \_\_\_\_\_ 18. 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 your 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 operation
- Financial statement or annual report and 10K
- Experience resumes of owner and station manager if applicant has been in operation less than three years
- Current financial statement or annual report



**Media/Professional Insurance**  
A division of Media/Professional Insurance Agency, Inc.  
Two Pershing Square, Suite 800 • 2300 Main Street  
Kansas City, Missouri 64108-2404  
(816) 471-6118 Facsimile - (816) 471-6119  
**We Insure Free Speech Worldwide®**

Agent or Broker:  
Address, Zip Code:  
Telephone: