



**NATIONAL ASSOCIATION OF BROADCASTERS
COMMERCIAL INSURANCE QUESTIONNAIRE**

Section I – Insured Information	web
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1. Name of Business:

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2. Desired Effective Date of Coverage: _____

3. Please check the following coverages for which you would like premium quotations:

Building <input type="checkbox"/>	Business Personal Property <input type="checkbox"/>	Computer <input type="checkbox"/>
Crime <input type="checkbox"/>	General Liability <input type="checkbox"/>	Automobile <input type="checkbox"/>
Workers' Compensation <input type="checkbox"/>	Umbrella <input type="checkbox"/>	Directors' & Officers' Liability <input type="checkbox"/>
Other <input type="checkbox"/> Please describe: _____		

4. Mailing Address:

5. Contact Person:

6. Phone Number:	Fax Number:
7. Email Address:	Website Address:

8. Complete Description of Your Operations (If available, provide copies of your brochures, publications, newsletters, latest audited financial statement, by-laws, articles of incorporation, etc.):

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9. Are you a member of any of the following professional associations?
 NAB NCTA USTA Other : _____

10. List all broadcasting stations owned/operated (including call letters, city and state).

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•
•

11. Location Address(es):

1)
2)
3)
4)

COMMERCIAL INSURANCE QUESTIONNAIRE

Section II – Prior Carrier Information

Coverage Type	Present Insurance Carrier	Expiration Date/Premium
Property		
Crime		
Computer/EDP		
General Liability		
Automobile		
Workers' Compensation		
Umbrella		
Directors' & Officers' Liability		

Section III – Property/General Liability Information

1. Please check one of the following:
Sole Proprietor Corporation Partnership
Other -- (Describe): _____
2. Number of Years in business: _____
3. How long have you been at the location(s)? _____
4. Do you own the Building you occupy? _____
If so, please answer the following questions:
 - A. Replacement Cost of Building \$ _____
 - B. Do you lease or rent any part of the building to others? _____
If so, what type of businesses and the square footage of each? _____
 - C. Total square feet of Building _____
5. **WHETHER YOU OWN OR LEASE THE SPACE YOU OCCUPY, PLEASE PROVIDE THE FOLLOWING:**
 - A. Building Construction: _____
 - B. Age of Building: _____
 - C. Number of Floors: _____
 - D. Type of Sprinkler System (Wet or Dry and Mfr.): _____
 - E. Is building 100% Sprinklered? Yes No If No, what areas are sprinklered? _____
 - F. Describe fire/burglar alarm systems: _____
 - G. If building is more than 25 years old, provide date and extent of renovations for the following:
Plumbing _____ Roof _____
Electrical _____ Heating _____
 - H. What other types of businesses occupy your building? _____
6. If you lease or rent your space, how many square feet do you occupy? _____
How much of this is storage/warehouse space? _____ In Basement? _____
7. What is the Replacement Cost Value of your Business Personal Property (i.e. furnishings, office equipment, improvements & betterments, etc. Do Not Include Computer Equipment or Fine Arts)? \$ _____

COMMERCIAL INSURANCE QUESTIONNAIRE

Section III – Property/General Liability Information (continued)

8. Do you have any property stored off your premises? _____ If so, indicate type of property, replacement cost value and address. _____

9. What is the Replacement Cost Value of your Computer Equipment? Hardware: \$ _____
Software: \$ _____

10. On a separate sheet of paper, please list names and addresses of any Mortgagees, Loss Payees, Landlords, and Additional Insureds with a description of their interest.

11. What are your Gross Annual Sales/Revenues? \$ _____

12. Do your employees drive their own vehicles on the job? _____ If any one employee spends more than 15% of his/her time travelling on behalf of your business in his/her own vehicle, or in a rented vehicle, please list their name, state of licensing, license number and date of birth. _____

13. Indicate whether you have ever sponsored or promoted any of the following events:

- | | |
|--|--|
| <input type="checkbox"/> Automobile, motorcycle or horse races | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Rodeos |
| <input type="checkbox"/> Fairs or carnivals | <input type="checkbox"/> Snow skiing events |
| <input type="checkbox"/> Marathons or other road races | <input type="checkbox"/> Truck/tractor/trailer pulls |
| <input type="checkbox"/> Water sports or contests | |
| <input type="checkbox"/> Other: _____ | |

14. List all special events planned for the next 12 months and complete a separate Event Questionnaire for each:

15. Of the events listed, indicate which events you promote or sponsor annually.

16. Please list or describe any original TV programming produced (other than news or related features):

17. Are licensed utility locators contacted prior to commencing any underground work? Yes No

COMMERCIAL INSURANCE QUESTIONNAIRE

Section IV – Tower Underwriting Information

1. Please provide the following information if you own, operate or use transmission towers or antennas of any type:

LOCATION #	1	2	3	4
Tower Height				
Aircraft Warning Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tower Age				
Estimated Replacement Cost	\$	\$	\$	\$
Type of Tower	<input type="checkbox"/> Guyed <input type="checkbox"/> Self Supporting	<input type="checkbox"/> Guyed <input type="checkbox"/> Self Supporting	<input type="checkbox"/> Guyed <input type="checkbox"/> Self Supporting	<input type="checkbox"/> Guyed <input type="checkbox"/> Self Supporting
Transmission Cable Type	<input type="checkbox"/> Segmented <input type="checkbox"/> Continuous	<input type="checkbox"/> Segmented <input type="checkbox"/> Continuous	<input type="checkbox"/> Segmented <input type="checkbox"/> Continuous	<input type="checkbox"/> Segmented <input type="checkbox"/> Continuous
Lightning Protection	<input type="checkbox"/> Grounded <input type="checkbox"/> Lightning Rod	<input type="checkbox"/> Grounded <input type="checkbox"/> Lightning Rod	<input type="checkbox"/> Grounded <input type="checkbox"/> Lightning Rod	<input type="checkbox"/> Grounded <input type="checkbox"/> Lightning Rod
Maintenance Done By: *	<input type="checkbox"/> Contract <input type="checkbox"/> Employee	<input type="checkbox"/> Contract <input type="checkbox"/> Employee	<input type="checkbox"/> Contract <input type="checkbox"/> Employee	<input type="checkbox"/> Contract <input type="checkbox"/> Employee
Maintenance Frequency	<input type="checkbox"/> Annually <input type="checkbox"/> _____	<input type="checkbox"/> Annually <input type="checkbox"/> _____	<input type="checkbox"/> Annually <input type="checkbox"/> _____	<input type="checkbox"/> Annually <input type="checkbox"/> _____

***Attach a copy of the most recent maintenance report.**

2. Are any transmission towers located on top of schools, churches, offices or apartment buildings? Yes No
3. Are all tower locations fenced or otherwise protected from public access? Yes No
4. Are ice shields or other protection or falling ice/objects installed at all tower locations? Yes No
5. Do you have a formal contingency plan in the event of a catastrophic loss or event? Yes No

COMMERCIAL INSURANCE QUESTIONNAIRE

Section V – Workers’ Compensation Information

1. What is the estimated Gross Annual Payroll of all of your employees, by job classification and by state, if different from Location #. (Note: Please list salaries of Partners/Executive Officers by Name):

Radio Broadcasting: \$ _____
 Clerical: \$ _____
 Sales, Messengers, Outside Representatives: \$ _____
 President: \$ _____ Vice President: \$ _____
 Secretary: \$ _____ Treasurer: \$ _____
 Building Maintenance: \$ _____
 All Other (Describe Duties): \$ _____

2. Number of Full-Time Employees: _____ Part-Time: _____

3. Number of Compensated Officers: _____ Non-Compensated: _____

4. Number of Volunteers: _____ # of Hours: _____

5. Number of Sub-Contractors: _____ Cost: \$ _____

6. A) Federal Employer Identification Number: _____

B) Unemployment ID Number: _____

7. Do you have any employees who have occasion to travel outside of the U.S. for business purposes? _____
 If so, indicate countries visited and whether their stay is longer than 15 days. _____

8. Installation of new cable lines is performed by: Employees Subcontractor

9. Maintenance of existing cable lines is done by: Employees Subcontractor

10. Do employees climb telephone poles to do maintenance work? Yes No

If yes, do they use safety equipment to prevent falls? Yes No

11. Do employees use high lift devices to do maintenance work? Yes No

12. Is there a formal training program including procedures to avoid powers lines? Yes No

Section VI – Business Automobile Information

1. If you have motor vehicles registered in the name of the business (including long-term leased vehicles), please provide the following:

Year	Make & Model	Cost New	Vehicle ID #	Garage Location

2. Provide a complete list of drivers including name, state of licensing, license number and date of birth.

3. If you wish coverage for car telephones or other special equipment, please provide list including description, serial numbers and values for each item.

4. Is coverage requested for:

Hired Car Physical Damage - Value: \$ _____

Rental Reimbursement: \$ _____ per day x 30 days = \$ _____ max.

Drive Other Car Coverage – Provide list of family members that drive business vehicles where no personal automobile policy exists. If there is more than one vehicle, indicate to which vehicle this coverage should apply.

COMMERCIAL INSURANCE QUESTIONNAIRE

Section VII – Crime Information

1. List Employee Benefit Plans to be Insured: _____

2. Indicate coverages desired.

Form A - Employee Dishonesty Limit	-	\$ _____
Form B - Forgery or Alteration Limit	-	\$ _____
Form C - Money & Securities/Inside Premises	-	\$ _____
Form C - Money & Securities/Outside Premises	-	\$ _____
Deductible	-	\$ _____

3. Do Employees who reconcile monthly bank statements also sign checks? Yes No

Handle bank deposits? Yes No

Have access to check signing machines or signature plates? Yes No

4. Are there at least two signatures required on checks? Yes No

If yes, over what threshold? \$ _____

5. Is a CPA involved in the financial reporting? Yes No If yes, are financial statements Audited, Reviewed, or Compiled? _____

6. Number of Employees who regularly handle money, securities or merchandise. _____

7. Is there a safe with a combination lock at the main location? Yes No

COMMERCIAL INSURANCE QUESTIONNAIRE

Section IX – General Information Questions

Explain All 'YES' Responses

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is a formal safety program in operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Any exposure to flammables, explosives, chemicals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Any catastrophe exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Any other insurance with this company or being submitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Does applicant Draw Plans, Designs, or Specifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do any operations, include blasting or utilize or store explosive material?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do your sub-contractors carry coverages/limits less than yours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are Certificates of Insurance required from sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Does applicant lease equipment to others with or without operators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Any watercraft, docks, floats owned, hired or leased?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Any parking facilities owned/rented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Is a fee charged for parking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Recreation facilities provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is there a swimming pool on the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Sporting or social events sponsored? If yes, complete an Event Questionnaire for each.	Yes <input type="checkbox"/> No <input type="checkbox"/>

The information provided here and on any supplementary attachments is complete to the best of my knowledge.

APPLICANT'S STATEMENT: I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

FRAUD STATEMENT – NEW YORK INSURANCE LAW: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicant's Signature

Date

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

Aon Association Services
a division of Affinity Insurance Services, Inc.
1120 20TH STREET, NW, 6TH FLOOR
WASHINGTON, DC 20036-3406
TOLL FREE: 1-800-432-7465 / FAX: 202-530-0153

**NATIONAL ASSOCIATION OF BROADCASTERS
EVENT QUESTIONNAIRE**

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

DAYTIME PHONE #: () _____

FAX NUMBER: () _____

EMAIL ADDRESS: _____ **WEB ADDRESS:** _____

1. Describe Event: _____

(Concert, Mall Promotion, etc.)

2. Describe in detail your station's role in organizing, promoting or sponsoring the event. _____

Provide name of sponsor: _____

3. Date(s) of event (including move-in/move-out): _____

4. Address of event: _____

5. Estimated Attendance: _____

6. Admission to be charged: \$ _____

7. Expected gross receipts: \$ _____

8. Will event be held indoors or outdoors? _____

9. Describe security measures to be provided: _____

Provided by whom? _____ Armed or Unarmed? _____

Provide copy of their Certificate of Insurance naming your organization as Additional Insured under their General Liability coverage.

10. Describe first aid to be provided: _____

11. Will there be amusement rides or fireworks? _____

12. If you are one of the event organizers or promoters, describe insurance requirements imposed on people and businesses involved in the event: _____

13. Are participants required to sign injury waivers? Yes No

14. Describe refreshments planned: _____

Will they be complimentary or purchased by guests? _____

How will they be provided? (Names): _____

Describe any cooking to be done: _____

15. If liquor is to be sold, list estimated receipts: _____

16. Is a certificate of insurance required by another party? _____

17. Additional Insured: Name: _____

Address: _____

18. Have you agreed to hold harmless any third parties? _____

If so, please describe: _____