



NATIONAL ASSOCIATION OF BROADCASTERS

Communications Supplemental Application

web

Insured Information

1. Insured Name: _____
 Insured Contact Name: _____ Title: _____
 Phone: _____ Fax: _____
 Email Address: _____
 Website Address: _____

2. Are you a member of any of the following professional associations?

NAB NCTA USTA Other : _____

3. List all broadcasting stations owned/operated (including Call Letters, City and State, Date Licensed and briefly describe station format or type of programming. *(Attach a separate sheet if necessary.)*)

Radio Stations, also include Percentage Simulcast, Percentage Fully Automated and Average 60-Second Advertising Rate.

Television Stations, also include Advertising Rate per Hour and Average 30-Second Advertising Spot Rate.

- _____
- _____
- _____
- _____

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.**

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- 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

Business Liability

1. 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: _____ | |

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

2. For each event identified above, provide the following information:

- a) Describe in detail your station's role in organizing, promoting or sponsoring the event.
- b) Describe measures taken to protect the general public.
- c) If you are one of the event organizers or promoters, describe insurance requirements imposed on people and businesses involved in the event.
- d) Are participants required to sign injury waivers?
- e) Of the events listed, indicate which events you promote or sponsor annually.

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

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

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Workers' Compensation Information

- | | | |
|---|--|--|
| 1. Installation of new cable lines is performed by: | <input type="checkbox"/> Employees | <input type="checkbox"/> Subcontractor |
| 2. Maintenance of existing cable lines is done by: | <input type="checkbox"/> Employees | <input type="checkbox"/> Subcontractor |
| 3. Do employees climb telephone poles to do maintenance work?
If yes, do they use safety equipment to prevent falls? | <input type="checkbox"/> Yes
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> No |
| 4. Do employees use high lift devices to do maintenance work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a formal training program including procedures to avoid powers lines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Producer'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