

MEDIA ADVANTAGE POLICY®
 Broadcaster Supplement — Radio, Television and Cable

1. Name of **Applicant:** _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy:

3. Scheduled Television and Cable Stations

For television, please provide highest hourly advertising rate and for cable, please identify the number of subscribers:

Station and Location	Years in Operation	Highest Hourly Advertising Rate	Number of Subscribers	Station Revenues
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Scheduled Radio Stations:

Call Letters and Location	Years in Operation	Highest Rate 60-Second Spot	Percentage Simulcast	Format	Station Revenues
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Broadcast Programming — Indicate percentage of programming that is:

Original Programming (excluding news)	_____	%
Percentage that is: a) Prerecorded	_____	%
b) Live	_____	%
Network Programming	_____	%
Purchased or Leased Programming	_____	%
Percent provided by a syndicate or feature service	_____	%
Percent provided by independent contractors	_____	%
Original Local News Programming	_____	%
News Content Provided by a Wire Service	_____	%

6. Broadcast Format — Indicate percentage of format that is:

Educational _____ %
 Public Broadcasting _____ %
 Religious Content _____ %
 Controversial _____ %
 Sports _____ %
 Talk: _____ %

Foreign Language Broadcasting Yes No
 Spanish _____ % Asian _____ % Middle Eastern _____ % French _____ %
 Other _____ %

7. Do any of the stations produce programming for stations not owned or operated by the **Applicant**? Yes No
 If “yes,” please explain the type of programming produced _____

Does Applicant employ any “**shock jocks**” or air controversial programming? Yes No
 If “yes,” describe: _____

Does applicant “**podcast**” any programming? Yes No
 If “yes,” describe: _____

8. Operations and Loss Prevention

Are delay devices utilized for live programming? Yes No
 Are license fees paid to music licensing societies and organizations? Yes No
 Is music web cast over the Internet? Yes No
 If “yes,” are web casting statutory licenses procured? Yes No
 Do news reporters engage in investigative or undercover reporting? Yes No
 Do news reporters use hidden cameras or microphones? Yes No
 Do reporters participate in “ride-alongs” with law enforcement or emergency medical services personnel? Yes No
 Is there a procedure in place regarding the recycling of file footage, notes, tapes or electronic versions thereof? Yes No
 Is there a policy regarding the use of confidential sources? Yes No
 Is there a policy regarding correction and retraction requests? Yes No
 Do in-house advertising departments utilize limitation of liability clauses? Yes No

9. Attachments

Please submit the following information to complete your Application:

- ✓ Current financial statement or corporate annual report;
- ✓ Promotional materials regarding the services or operations of **Applicant**;
- ✓ Advertising rate card;
- ✓ Copy of standard hold-harmless agreements utilized with independent contractors and advertisers; and
- ✓ If a new operation, resumes of principals.
- ✓ Current programming schedule.

Media Advantage Policy[®] Insurance Application

All Questions Must Be Answered Completely.
Attach Additional Sheet If Necessary.

The Coverage Supplement And All Attachments Must Be Included With This Application.

NOTE: Unless the policy form provides coverage for Defense Costs In Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the company to issue a policy.

1. Applicant Information — This entity will be identified as the **Named Insured**.

Name of **Applicant**: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____

Corporation

Partnership

Individual

Joint Venture

Please identify memberships in any trade or professional organizations _____

Gross Annual Revenues from "media" activities: United States: \$ _____

Canada: \$ _____

International: \$ _____

Identify international media activities, by country, outside the United States and Canada. _____

2. Coverage Information (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ _____ Retention \$ _____

3. **Loss Prevention**

A. Media Counsel

Name of in-house counsel _____ Telephone _____

Name of local firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Firm contact _____

Is counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? Yes No

Does counsel conduct a review of the content of scheduled media? Yes No

Is counsel consulted regarding intellectual property issues? Yes No

Is counsel on retainer? Yes No

B. Operations

Do employees have access to information or training about intellectual property rights, defamation, newsgathering issues, confidential sources and privacy rights? Yes No

Does the **Applicant** engage in any online activities? Yes No

If "yes," please advise _____

Are employees with responsibility for website content and development trained in respect to intellectual property rights, defamation, newsgathering and privacy rights? Yes No

Does the **Applicant** require advertisers and/or advertising agencies to execute hold-harmless agreements regarding the content of advertising? Yes No

Does the **Applicant** utilize third parties to create content for scheduled media? Yes No

Are third parties required to execute hold-harmless agreements? Yes No

Are third parties required to provide proof of insurance? Yes No

Do licenses, consents or releases used with freelance writers or other independent contractors extend to the publication or re-publication of articles, photographs or other content on the Internet? Yes No

4. Insurance and Claim Information

Has the **Applicant** or any subsidiary been involved in a media liability claim or law suit in the past five years? Yes No

If “**yes**,” please attach complete details including the amount of defense costs, any applicable retention, judgment or settlement. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Provide details on an attachment regarding any open claims or litigation resulting from media activities occurring more than five years ago.

Does the **Applicant** know of any situation that could give rise to a claim? Yes No

If “**yes**,” please attach complete details and advise whether the claim has been reported.

(In the State of Missouri, the following question does not apply.)
Have any media liability insurers ever canceled or non-renewed coverage? Yes No

If “**yes**,” please advise _____

If the **Applicant** is seeking Subpoena Defense Coverage, please identify how many subpoenas have been served in the past three years involving scheduled media _____ .

Was counsel retained to answer, object or otherwise respond to the subpoena? Yes No

Has the **Applicant** had media liability insurance in the past three years? Yes No

If “**yes**,” please identify the following or attach Declarations:

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
1.	_____				
2.	_____				
3.	_____				

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance 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 subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.

The statements made in this Application for insurance, the Coverage Supplement and in any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____

If this is your Agency's First Submission to First Media:

Name _____ License No. _____ Exp. Date _____

Agency _____ Agency Tax Payer I.D. _____

Address _____ City and State/Province _____

Zip/Postal Code _____ Telephone _____

Fax _____ E-Mail _____