



Chubb Group of Insurance Companies
 15 Mountain View Road
 Warren, New Jersey 07059

MultiMediaSM Liability Insurance Policy
Television and Radio RPG
Public Broadcasting Stations
APPLICATION

BY COMPLETING THIS APPLICATION YOU ARE APPLYING FOR COVERAGE WITH EXECUTIVE RISK INDEMNITY INC. (THE "UNDERWRITER")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE EXPENSES," AND "DEFENSE EXPENSES" WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IN NO EVENT WILL THE UNDERWRITER BE LIABLE FOR "DEFENSE EXPENSES" OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS

1. Whenever used in this Application, the term "**Applicant**" shall mean "the Company and all subsidiaries".
2. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.

3. Please return completed application to: **WALTERRY INSURANCE BROKERS**
 7411 Old Branch Avenue, Clinton, Maryland 20735
 301-868-7200 • 800-638-8791 • Fax 301-868-2611
 Web site www.walterry.com • Email media@walterry.com

I. NAME, ADDRESS AND CONTACT INFORMATION:

1. Legal Name of **Applicant** (specify all complete names to be stated on the policy, if issued): _____

2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____
 E-Mail Address: _____
3. Name and Address of Primary Contact: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____

II. SPECIFIC INFORMATION:

- a) Limit of Liability Requested (please check): ___ \$1,000,000 ___ \$2,000,000 ___ \$5,000,000
- b) Retention Requested: \$ _____



2. Policy Period Requested:

From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

3. Please provide the date founded: _____

If less than five years, please attach detailed resumes of senior management.

4. Call letters of stations:

TV:	Average population served per station:
Radio:	Average population served per station:

5. Translators: **All translators must be listed in order for coverage to apply.**

a) Does the **Applicant** own any translator stations? Yes No

If "YES", state name and address of each:

b) Has the **Applicant** contracted with any translator to provide a signal? Yes No

If "YES", state name and address of each:

6. Please complete the following with regard to **Applicant's** programming:

a) Average number of total hours broadcast each week (each station):

b) Average number of hours of original programming distributed to others each week (each station): _____

c) Is **Applicant** part of any city, state or private public broadcast consortium or network? Yes No

If "YES", explain: _____

Does the consortium or network provide their own coverage? Yes No



d) Does **Applicant** require indemnification agreements from independent producers that produce programming for **Applicant**? Yes No

If "NO", explain: _____

7. During the past three years, has any similar insurance been issued to the **Applicant** or any of the **Applicant's** stations? Yes No

If "YES", complete below:

Insurance Company	Policy Type (Claims Made/Occurrence)	Limits	Deductible	Coverage Dates	Premium

8. Has any actual or threatened claim or suit been made against the **Applicant**, or any predecessor, subsidiary or affiliate thereof in the last five (5) 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; plagiarism or misappropriation of ideas under implied contracts 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, detail of offending matter, name of claimant, amount of defense costs, judgment or settlement and final disposition or current legal status of the claim. Attach a separate sheet if necessary.

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9. Is optional coverage for contingent errors and omissions desired? Yes No

10. Is optional coverage for teleconferencing desired? Yes No

11. Will any revenues be derived from the sale of books or periodicals? Yes No

If "YES", please provide:

a) Estimated amount of revenues: \$ _____

b) Name of Publication: _____

12. Is the **Applicant** involved in any form of electronic information exchange through the Internet, a commercial on-line service or any electronic bulletin board system? Yes No

If "YES", attach description of activities.



III. REPRESENTATION: PRIOR KNOWLEDGE OF FACTS/CIRCUMSTANCES/SITUATIONS:

- No person or entity proposed for coverage is aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage, except: NONE _____ or _____

Without prejudice to any other rights and remedies of the Underwriter, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the Underwriter.

IV. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Underwriter in writing, and any outstanding quotation may be modified or withdrawn.

V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES

The **Applicant's** submission of this Application does not obligate the Underwriter to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Underwriter to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare that to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and in any attachments or other documents submitted with this Application are true and complete. The undersigned agree that this Application and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Underwriter will have relied on all such materials in issuing any such policy.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.



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Notice to District of Columbia, Maine, Tennessee and Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: 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 material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and Pennsylvania Applicants: 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 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 (in New York) or criminal and civil penalties (in Pennsylvania).

Date	Signature*	Title
_____	_____	President

*This Application must be signed by the President of the Company acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

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Produced By: Agent: _____	Agency: _____
Agency Taxpayer ID or SS NO.: _____	Agent License NO.: _____
Address (Street, City, State, Zip): _____	

Do Not Complete-Walterry Use Only

Date Paid		Policy Number	
Amount Paid		Annual Premium	
Check Number		Policy Dates	