

**BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

**NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

- Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
- Include all requested underwriting information and attachments. Please provide a complete response to all questions and attach additional pages if necessary.
- Please return completed Application to: **Waltery Insurance Brokers**  
 7411 Old Branch Avenue, Clinton, Maryland 20735  
 301-868-7200 • 800-638-8791 • Fax 301-868-2611  
 Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

**I. GENERAL APPLICANT INFORMATION:**

- Legal Name of **Applicant** (if corporation, corporate name; if partnership, name of partners and trade name of partnership; if individual, name of owner):  
 \_\_\_\_\_  
 \_\_\_\_\_
- Address of **Applicant**: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
- The **Applicant** is:     Individual                       Corporation                       Partnership  
                                   Other: \_\_\_\_\_
- Name and Address of Primary Contact: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**II. GENERAL POLICY INFORMATION:**

- Limits of Liability desired:  
 Each Claim or Related Claim: \$ \_\_\_\_\_  
 Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ \_\_\_\_\_
- Retention Amount desired for each Claim or Related Claim:  
 \$5,000     \$10,000     \$25,000     \$50,000     Other: \$ \_\_\_\_\_
- Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.
- Please provide the date founded: \_\_\_\_\_

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

5. Call letters of stations:

	<b>CALL LETTERS</b>	<b>ANNUAL OPERATING BUDGET (per station)</b>	<b>AVERAGE POPULATION SERVED (per station)</b>
TV			
RADIO			

6. 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:

\_\_\_\_\_

\_\_\_\_\_

7. Please complete the following with regard to the **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 the **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 the **Applicant** require indemnification agreements from independent producers that produce programming for **Applicant**?  Yes  No

If No, explain: \_\_\_\_\_

\_\_\_\_\_

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

9. Is optional coverage for teleconferencing desired?  Yes  No

10. 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: \_\_\_\_\_

11. 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.

12. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? \_\_\_\_\_%

13. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? \_\_\_\_\_%

**III. PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:**

1. a. Does the **Applicant** have media liability insurance currently in force?  Yes  No

b. Has any similar insurance been issued to the **Applicant** or any of the **Applicant's** stations during the past five (5) years?  Yes  No

If Yes to either, complete the chart below for the past five (5) years:

LIABILITY INSURER	POLICY PERIOD	LIMITS	DEDUCTIBLE	PREMIUM	# CLAIMS
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

**2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

Has the **Applicant** ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by an insurer?  Yes  No

If Yes, please attach an explanation.

3. In the past ten (10) years, has the Applicant or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass?  Yes  No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

4. Please attach a list (including the status) of all media liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here:  None

5. After inquiry, do any of the principals, partners, officers, directors, or employees of the Applicant or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance?  Yes  No

If Yes, please attach a description which provides full details.

**Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 3, 4 and 5 above is excluded from the proposed insurance.**

**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 Company 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 Company 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 Company 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 to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

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

**Notice to Alabama and Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Arkansas, 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.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is

guilty of a felony of the third degree.

**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 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.

**Notice to Louisiana and Rhode Island Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Maine, Tennessee, Virginia and Washington 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 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 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.

**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 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 subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to New York 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.

Date

Signature\*

Title

\_\_\_\_\_

\_\_\_\_\_

Chief Executive Officer

\*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

**Waltery Insurance Brokers**  
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Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

<u>Produced By:</u>			
Agent: _____		Agency: _____	
Agency Taxpayer ID or SS No.: _____		Agent License No.: _____	
Address: _____			
City: _____		State: _____	Zip: _____

***Do Not Complete-Warranty Use Only***

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