

1. Name of Proposed Insured to be stated on the policy if issued:

2. Street Address, City, State, Zip Code:

3. Telephone Number:
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4. Corporation 5. Check any that apply:
 Partnership VHF Network Affiliate Public Broadcasting
 Joint Venture UHF Network Affiliate Educational
 Individual Independent VHF Religious
 Independent UHF All News

6. Gross Revenue

7. For Public Broadcasting stations, please advise annual budget, contributions and other income.

8. List all subsidiaries, affiliates or trade names to be included for insurance.

Radio Broadcasting

9. List stations owned or operated by applicant:

Call Letters	Location Am/FM City/State	Percentage Simulcast	Percentage Fully Automated	First Air Date	Average 60-second Advertising Rate
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Briefly describe station format or type of programming:

Television Broadcasting

10. List all stations owned or operated by applicant:

Call Letters	Location City/State	Date Licensed	First Air Date	Arbitron Ranking	Average Advertising Rate per Hour	Average 30 Second Advertising Spot Rate
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Briefly describe station format or type of programming:

Cable Casting

11. List cable systems owned or operated by applicant:

Name of System	Location City/State	Date Founded	Number of Subscribers	Market Classification
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Type of originated programming:
Number of hours per week:

12. Do you have a home-page on the internet or any other electronic network, disseminate any information on the World Wide Web, transmit any information electronically or operate any database? () No () Yes
If yes, please complete attached supplemental application.
13. Specify date of NAB membership:
14. Do you pay licensing fees to ASCAP, SESAC, and BMI? () No () Yes
If No, give details.
15. Is Insured involved in a Time Brokerage or Local Marketing Agreement? () No () Yes If yes, attach a copy of said agreement.
16. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five 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; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising from matter broadcast, telecast, cablecast, or advertised over a radio station, television station, cable system, or online service?

() No () Yes If yes,, provide details. Include type of claim, gist of offending matter, name of claimant, amount of defense cost, judgments or settlement and final disposition of the claim.

17. During the past three years has any similar insurance been issued to the applicant firm?
18. () No () Yes

19.

If Yes, complete the following:

Company	Policy No	Limits	Deductible	Coverage	Premium

Self-Insured Retention Dates

18. Has any insurer declined, canceled or refused to renew any similar insurance issued to the applicant firm?
() No () Yes If yes, give details.
19. Policy Limit Required:
20. Self Insured Retention
Note all policies include a self-insured retention applying to the cost of defense, judgments and settlements or any combination hereof.
21. Desired Effective Date:

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 to a fraudulent insurance act, which is a crime and in New York 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.

It is understood that this application is for insurance under the National Association of Broadcasters Purchasing Plan. The information on this application is accurate and complete to the best of the applicant's knowledge and belief and will be the basis upon which the insurance is issued.

Signature of Authorized Representative _____ Name of Authorized Representative (printed or typed)

Date: _____ (____)

_____ Title (printed or typed) Phone

Number

TO COMPLETE YOUR APPLICATION, PLEASE SUBMIT ADVERTISING RATE CARD OR STATEMENT OF CURRENT AVERAGE 60-SECOND OR HOURLY RATE. NON-COMMERICAL AND EDUCATION STATIONS MUST SUBMIT STATEMENT OF ANNUAL OPERATING BUDGET. (SUCH RATES ARE AUDITABLE BY INSURANCE CARRIER).