

Please complete an application for each tower location

Insured name:
Total Annual Revenue:
Years in operation:
Date licensed with FCC
FCC Logs current?
Percentage of original content created _____ %

TOWER INFORMATION

Station call letters	Location #	Site address (inc. zip or longitude/latitude)	County	Replacement cost/Limit of insurance	FCC ASRN #	AM, FM or TV	Fenced (Y/N)	Tower type (guyed or self supporting)	Tower height (ft)	Year built	Tower maintained by outside contractor? (Y/N)	Leased (L) or Owned (O)	Does tower meet TIA-222 G standard? (Y/N)	No Trespassing signs posted? (Y/N)	Lightning protection? (Y/N)

**** REPLACEMENT COST:** Please note that you are required to insure each tower for its FULL REPLACEMENT COST. Replacement cost should include structural steel, antennas (if you are legally liable to cover), foundations and all labor costs.

BUSINESS INCOME EXPOSURE

In the event of a major loss – describe the contingency plans that are in place? (Note any generators, back up equipment, reciprocal agreements with other broadcasters, uninterrupted power supply etc. that are in place to minimize down time.)

BUSINESS LIABILITY

Describe any special events the insured sponsors that include:

Physical challenges, motor sports, or fireworks:

Alcohol – whether furnished by the insured or others:

Does the insured host concerts with more than 1,000 attendees? Yes No

Does the insured require all vendors at special events to name them as additional insured? Yes No*

Are there "No Trespassing" signs posted at tower sites? Yes No

Please list or describe any original TV programming produced (other than news):

AUTO COVERAGE

Are MVR's checked annually? Yes No

Do you require proof of insurance for employees who use their own car for company business? Yes No

Does company policy prohibit cell phone use when vehicle is in motion? Yes No

Employee use of company vehicles? Yes No

If yes, are there rules for what is acceptable use? Yes No

Agent and/or Insured name (printed): _____

Agent and/or Insured name (signature): _____ Date: _____