

Radio & Television Broadcasters Supplemental Application

Please complete an application for each tower location

Insured name:
Address of tower:
ASR registration number:
Total annual revenue:
Is the tower: <input type="checkbox"/> owned or <input type="checkbox"/> leased
Longitude/latitude:

GENERAL INFORMATION <small>(Provide explanation if item with an asterisk is checked)</small>			
Station call letters:	Years in operation:	Date licensed with FCC:	FCC logs current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Station type (check all applicable) <input type="checkbox"/> AM radio <input type="checkbox"/> FM radio <input type="checkbox"/> TV <input type="checkbox"/> Profit <input type="checkbox"/> Non-profit			
Format:	Network affiliate:	Percentage of original content created: _____ %	
NAB member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Member #:		Station website:	

TOWER INFORMATION			
Manufactured/built by:	Number of towers at this site:	Type of tower: <input type="checkbox"/> Guyed <input type="checkbox"/> Self-supporting <input type="checkbox"/> Pole	
Value of the tower: \$		Valuation basis: <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost <small>(Tower value listed should correspond with valuation basis selected at 100% value)</small>	
Value of all other attachments: \$		Tower meets or exceeds TIA/EIA-222 F or G <input type="checkbox"/> Yes <input type="checkbox"/> No*	
Tower height:	Year built:		
WIND:		ICE:	
Special wind region: <input type="checkbox"/> Yes* <input type="checkbox"/> No		What allowances were made in design for ice? <input type="checkbox"/> Ice shield <input type="checkbox"/> Deicer <input type="checkbox"/> Other*	
Designed Wind Pressure: _____ lb/sq. ft	Special ice region: <input type="checkbox"/> Yes* <input type="checkbox"/> No		
Minimum Basic Wind Speed: _____ mph	Minimum design ice thickness: _____ inches		Minimum wind speed with ice: _____ mph

LIGHTNING:
Grounding "kits" on transmission line: <input type="checkbox"/> At antenna <input type="checkbox"/> At transmitter <input type="checkbox"/> Base of tower <input type="checkbox"/> Describe other:
Multiple ground rods or buried horizontal radials in use? <input type="checkbox"/> Yes <input type="checkbox"/> No*
All grounds bonded to buried ground conductor loop (transmitter, building ground bus, utilities and phone, signal line, guys, tower, transmission line, lightning arrestors, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No*
For towers over 150 ft. high, lightning arrestors above beacon, and horizontal for side mounted antennas? <input type="checkbox"/> Yes <input type="checkbox"/> No*
Spark cap ground for insulated antennas? <input type="checkbox"/> Yes <input type="checkbox"/> No*
Surge/transient protection (suppressors) on phone, signal lines and power supply? <input type="checkbox"/> Yes <input type="checkbox"/> No*

Radio & Television Broadcasters Supplemental Application

TOWER INFORMATION (cont.)			
	YES	NO	
Attachments: <input type="checkbox"/> Signs <input type="checkbox"/> Elevator <input type="checkbox"/> Deicer <input type="checkbox"/> Ladder <input type="checkbox"/> Microwave dishes <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/> *	Tower fencing around the base is a minimum of 8'?
	<input type="checkbox"/> *	<input type="checkbox"/>	Equipment of others attached to tower? *If yes, annual rental income: \$
	<input type="checkbox"/>	<input type="checkbox"/> *	Written disaster/contingency plan? If yes, enclose a copy.
	<input type="checkbox"/>	<input type="checkbox"/>	Stand by transmitter and electrical power available?
	<input type="checkbox"/>	<input type="checkbox"/>	Alternate antenna available?
Ground Elevation: <input type="checkbox"/> Solid natural ground <input type="checkbox"/> Flat <input type="checkbox"/> Mounted on building <input type="checkbox"/> Many large buildings* <input type="checkbox"/> Filled ground* <input type="checkbox"/> Hills*	<input type="checkbox"/>	<input type="checkbox"/> *	Does lighting and marking conform to regulations?
	<input type="checkbox"/> *	<input type="checkbox"/>	Modified since original erection? *If yes, please describe:

MAINTENANCE

Who maintains the tower? <input type="checkbox"/> Employee <input type="checkbox"/> Qualified maintenance contractor	Certificates of Insurance obtained from all contractors involved in performing tower maintenance/repairs/upgrades? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last tower inspection by licensed contractor: <i>(please enclose most recent copy of report)</i>	Certificates list insured as an "additional named insured" and also provide "hold harmless" wording in favor of the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No*
Frequency of professional tower inspections:	Recommendations from inspections completed? <input type="checkbox"/> Yes <input type="checkbox"/> No*
Describe any tower work performed by an employee:	

TRANSMITTER & TRANSMISSION LINE

Transmission Line: <input type="checkbox"/> Waveguide <input type="checkbox"/> Flexible coaxial cable <input type="checkbox"/> Copper tube <input type="checkbox"/> Rigid coaxial line	Computer controlled automatic operation? <input type="checkbox"/> Yes* <input type="checkbox"/> No
	Transmission line protected by ice shields, where required? <input type="checkbox"/> Yes* <input type="checkbox"/> No

ADDITIONAL SPECIAL HAZARDS

Aircraft – How far is the tower from the nearest airport?
Is area around towers and guys kept clear of vegetation and combustibles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tower collapse – What is exposed?
Describe any loss greater than \$25,000:
Electrical equipment regularly inspected and maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Radio & Television Broadcasters Supplemental Application

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

THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Agent and/or Insured name (printed): _____

Agent and/or Insured name (signature): _____

Date: _____

Signed _____
 (Applicant)

Date _____

Title _____
 (must be signed by authorized officer)

Amwins Program Underwriters
 4725 Piedmont Row Dr.
 Suite 600
 Charlotte, NC 28210
 T: 704.749.2736 | F: 704.943.9006

Radio & Television Broadcasters Supplemental Application

FRAUD WARNINGS (Last updated 6/21)

NOTICE TO 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA 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 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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 AUTHORITIES.

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 KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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.

Radio & Television Broadcasters Supplemental Application

NOTICE TO MAINE 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 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 MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF 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 NEW MEXICO 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 CIVIL FINES AND CRIMINAL PENALTIES.

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.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.