



MULTIMEDIA LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION – BROADCASTING AND CABLE OPERATIONS

Copies of the following information must be enclosed with this supplemental application:

- (i) advertising rate card

General Information

1. Name of Applicant: _____

Description of Broadcasting Activities

- 2. (a) Identify all TV, cable and radio stations (by call letters) and provide the format, jurisdiction of operation, highest 60 second advertising rate (number of subscribers for cable stations) and identify any network affiliation (if more space is required, complete and attach a separate sheet):

Station	Format	Jurisdiction	Ad Rate / No. of Subscribers	Network

- (b) Are talk shows and interview programs pre-taped or pre-recorded? Yes No
- (c) Is a delay device used during call-in or other live audience participation shows? Yes No
- (d) Does the Applicant broadcast "shock jocks" or other persons making inflammatory commentary? Yes No

- 3. (a) Indicate the approximate percentage of broadcast content that is:

- (i) Original content created by the Applicant: _____ %
- (ii) Original content created by others: _____ %
- (iii) Previously broadcast or syndicated programming: _____ %

- (b) Does the Applicant produce programming which is broadcast, rebroadcast, syndicated or used by stations not owned or operated by the Applicant? Yes No

Description of Cable System Operations:

- 4. (a) Name of cable system: _____
- (b) Geographical territory: _____
- (c) Number of subscribers: _____
- 5. (a) Hours of cable access broadcasting per week: _____
- (b) Hours of self-produced original programming per week: _____
- (c) Title, running time, and synopsis of each program: _____
- _____
- _____
- _____

(d) If the answers to any part of Question 6 of the Multimedia Liability Insurance Policy Application are "No" with respect to self-produced original programming, please explain:

(e) Gross Revenue derived from syndication: _____

News Gathering Activities:

6. Does the Applicant subscribe to syndicated news programming or wire services? Yes No

If Yes, indicate the title of program or wire services subscribed to: _____

7. Are news teams familiar with current libel and privacy laws? Yes No

8. (a) Do news teams engage in investigative reporting? Yes No

If Yes, describe methods for documenting sources: _____

(b) Does the Applicant produce "Action Reporter" or other consumer programming segments? Yes No

If Yes, describe such programming, number per week, duration, and methods to verify accuracy of information:

(c) Do reporters ride with law enforcement, emergency services or private investigators? Yes No

(d) Do news teams use hidden cameras? Yes No

Controls and Procedures

8. Describe pre-broadcast legal or editorial review of original programming, including news programming:

9. Describe complaint and retraction policy and practice: _____

This Broadcasting and Cable Operations Supplemental Application is attached to and forms part of the Multimedia Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

Signature of Applicant	Date
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