



# NATIONAL ASSOCIATION OF BROADCASTERS (NAB) MULTIMEDIA LIABILITY POLICY

## Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

**NOTE: All questions must be answered. All requested attachments must accompany application.**

**COVERAGE CANNOT BE EFFECTIVE PRIOR TO RECEIPT OF PREMIUM PAYMENT AND CONFIRMATION OF NAB MEMBERSHIP.**

### I. GENERAL INFORMATION –

1. First Named Insured (including DBAs):

**NOTE: First Named Insured is responsible for premium payment, cancellation and changes – refer to specimen policy.**

Street Address:

City, State, Zip Code:

Telephone Number:

List all website address(es) owned by the Named Insured:

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?  Yes  No

If yes, please provide a list of entities for which coverage is desired.

**NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.**

All remaining questions on this application apply to all of the persons and entities described in Questions 1. and 2. above, collectively referred to as "Applicant".

3. Date applicant was established: \_\_\_\_\_

4. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1. or 2.?  Yes  No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1. or 2.?  Yes  No

If 4.A. or 4.B. are answered yes, provide complete details:

5. Within the past five years has applicant:

A. Changed name?  Yes  No

B. Changed ownership structure?  Yes  No

C. Purchased or acquired another entity?  Yes  No

D. Merged or consolidated operations with another entity?  Yes  No

If any of 5.A. – 5.D. are answered yes, please attach a summary of relevant transactions.

6. Is the applicant currently a member of the NAB?  Yes  No

7. Applicant is a:  Corporation  Partnership  Joint Venture  Individual  Other – specify:

8. Check any that apply:

VHF network affiliate

UHF network affiliate

Independent VHF

Independent UHF

Public Broadcasting

Educational

Religious

All news/talk

**II. RADIO BROADCASTING –**

9. A. List stations owned or operated by applicant:

<u>Call Letters</u>	<u>AM/FM</u>	<u>Location (City, State)</u>	<u>Percentage Simulcast</u>	<u>Percentage Fully Automated</u>	<u>Date Licensed</u>	<u>Average 60-Second Advertising Rate</u>
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B. Briefly describe station format or type of programming:

C. Is applicant involved in a time brokerage or local marketing agreement?  Yes  No  
If yes, attach a copy of said agreement.

**III. TELEVISION BROADCASTING –**

10. A. List stations owned or operated by applicant:

<u>Call Letters</u>	<u>Location (City, State)</u>	<u>Date Licensed</u>	<u>Average Advertising Rate per Hour</u>	<u>Average 30-Second Advertising Spot Rate</u>
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B. Briefly describe station format or type of programming:

C. Is applicant involved in a time brokerage or local marketing agreement?  Yes  No  
If yes, attach a copy of said agreement.

**IV. CABLECASTING –**

11. List cable systems owned or operated by applicant:

<u>Name of System</u>	<u>Location (City, State)</u>	<u>Date Founded</u>	<u>Number of Subscribers</u>	<u>Market Classification</u>
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Type of originated programming:

Number of hours per week: \_\_\_\_\_

**V. FINANCIAL INFORMATION –**

12.

	<b>REVENUE (and/or Budget for non-profits) Current Fiscal Year</b>	<b>REVENUE (and/or Budget for non-profits) Estimated Next Fiscal Year</b>
Broadcasting	\$	\$
Cable TV Operators	\$	\$
Cyberliability - websites and Internet (if coverage is desired for unauthorized access and/or E&O from Internet services, please complete attached NAB Cyberliability Supplement)	\$	\$
Film and Program Production for others (describe)	\$	\$
Other (describe)	\$	\$
<b>TOTAL REVENUE (BUDGET)</b>	<b>\$</b>	<b>\$</b>

**VI. PROGRAMMING/OPERATIVE PROCEDURES –**

13. A. Are new teams familiar with current libel law?  Yes  No

B. Do the news teams engage in “investigative” reporting?  Yes  No  
If yes, provide description of methods for documenting sources of information.

C. Do television news teams use “mini-cams” or hidden cameras?  Yes  No

D. Are “action reporter” or similar consumer programs broadcast, telecast or produced?  Yes  No  
If yes, provide a description of such programming and procedures utilized to verify accuracy of information.

- E. Do reporters participate in ride-alongs with law enforcement, medical emergency services, or privacy investigators?  Yes  No  
If yes, please provide description of activities and procedures.
- F. Are talk shows and interview programs pre-taped or pre-recorded?  Yes  No
- G. Is a delay device used during "call-in", "hot-line" or other live audience participation programming over radio stations?  Yes  No
- H. Are written hold harmless or indemnity agreements executed with sponsors and advertising agencies with respect to the content of commercials?  Yes  No
- I. Does any station produce programming used by stations which applicant does not own or operate?  Yes  No  
If yes, provide details or programming provided to others:
- J. (1) Are independent producers required to provide applicant with written hold harmless or indemnity agreements with respect to the programming they offer?  Yes  No  
If yes, please attach a copy of agreement.
- (2) Are independent producers required to provide evidence of insurance with respect to such hold harmless or indemnity agreements?  Yes  No

14. Does applicant pay licensing fees to ASCAP, SESAC, BMI or other music licensing society?  Yes  No

15. A. Does applicant stream any content over their website(s)?  Yes  No

B. Does applicant pay licensing fees to ASCAP, SESAC and BMI for the content that is streamed over their website(s)?  Yes  No

If no, give details.

## VII. LEGAL PROCEDURES –

16. A. Provide description of standard procedures for checking accuracy and originality of content:

B. Does applicant have an in-house legal department?  Yes  No

If yes, name of General Counsel:

C. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:

Years of experience in media law: \_\_\_\_\_

D. Approximate percentage of all media for which applicant is indemnified by another party: \_\_\_\_\_%

E. Does applicant require indemnitor to carry similar media or Errors and Omissions insurance?  Yes  No

## VIII. CLAIM EXPERIENCE –

17. A. Have any claims, suits or proceedings been made during the past five years against the applicant or any of the applicant's predecessors in business, subsidiaries or affiliates or against any of their past or present partners, owners, officers or employees?  Yes  No

If yes, provide complete details. Include type of claims, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

**(MISSOURI APPLICANTS - PLEASE EXCLUDE ANY INFORMATION RELATED TO DENIAL OF CLAIMS.)**

B. Is the applicant aware of any actual or alleged fact, circumstance, situation or error or omission arising out of the activities described in this application that may reasonably be expected to result in a claim being made against the applicant or any of the person or entities described in 17.A. above?  Yes  No

If yes, please explain and provide details:

18. In the past five years, has the applicant been served with any subpoenas seeking documents or information related to the applicant's newsgathering activities?  Yes  No

If yes, please describe circumstances including costs associated with responding to the subpoena(s).

19. In the past five years, has the applicant been the subject to an investigation or proceeding instituted by the FCC, FTC or similar governmental body related to the coverage being applied for?  Yes  No

If yes, please describe circumstances including costs associated with responding to the investigation or proceeding.

**IX. OTHER INSURANCE –**

20. A. During the past three years, has any similar insurance been issued to applicant?  Yes  No

If yes, complete the following:

Company                      Policy Number                      Limits                      Deductible                      Coverage Dates                      Premium

B. Has any insurer declined, canceled or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri.)  Yes  No      If yes, give details:

C. Does applicant's comprehensive general liability policy provide coverage for personal injury (libel, invasion of privacy) arising out of business operations?  Yes  No

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**X. PROPOSAL REQUIREMENTS –**

21. Policy limit required:      \$ \_\_\_\_\_

Self-Insured Retention:      \$ \_\_\_\_\_

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**XI. REPRESENTATIONS –**

**By signing this application, the applicant agrees that:**

- 22. A. the statements and answers furnished to the Company in this application and any attachments to it are accurate and complete;
- B. the statements and answers furnished to the Company are representations the applicant makes to the Company on behalf of all persons and entities proposed for coverage;
- C. those representations are a material inducement to the Company to provide a proposal for insurance;
- D. any policy the Company issues will be issued in reliance upon those representations;
- E. the applicant will report to the Company immediately, in writing, any material change to the applicant's operations, conditions or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued; and
- F. the Company reserves the right, upon receipt of any such notice, to modify or withdraw any proposal for insurance the Company has offered.

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**WARNING**

**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 MAY BE PUNISHABLE BY FINES AND CONFINEMENT IN PRISON.**

Name _____ (please type or print)	Name _____ (signature of Authorized Representative)
Title _____	Date _____

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



**Media/Professional Insurance**

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**NOTICE TO ARKANSAS 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 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 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 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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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 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.