



COMMUNICATIONS LIABILITY CABLE TELEVISION OPERATORS SUPPLEMENTAL

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. **Name of Applicant:**

2. Schedule of Cable Systems:

	<u>System 1</u>	<u>System 2</u>	<u>System 3</u>	<u>System 4</u>
Name of System	_____	_____	_____	_____
Location	_____	_____	_____	_____
Communities Served	_____	_____	_____	_____
Number of Subscribers	_____	_____	_____	_____
Number of Access Channels	_____	_____	_____	_____
Daily broadcast hours of access channels	_____	_____	_____	_____
Annual Revenues	_____	_____	_____	_____
Hours of daily broadcast of cable system	_____	_____	_____	_____

3. Describe any programming which the applicant produces and the name of the cable system over which it is broadcast:

4. For cable systems listed above, identify systems sharing original programming and number of hours of duplication:

5. Describe any channel leasing arrangements:

6. Describe the applicant's commercial advertising production activities:

7. Does the applicant require a hold harmless agreement with respect to programming or advertising obtained from third parties that is broadcast over the applicant's station(s)? Yes No

Optional Coverages

8. Does the applicant desire coverage errors and omissions for claims arising from matter broadcast? Yes No

9. TO COMPLETE THE APPLICATION, PLEASE ATTACH:

- a. list of stations (local and network) carried on each cable system
- b. one week schedule of programming for access channel(s)
- c. procedures regarding operation of access channel(s)
- d. copy of agreement with respect to any leasing arrangement
- e. specimen contracts with respect to commercial advertising production activities
- f. current financial statement
- g. resumes of station management

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**