



## COMMUNICATIONS LIABILITY RADIO AND TELEVISION STATIONS 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:**

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**2. Schedule of Stations:**

	<u>Station 1</u>	<u>Station 2</u>	<u>Station 3</u>	<u>Station 4</u>
Call Letters	_____	_____	_____	_____
AM / FM or UHF / VHF	_____	_____	_____	_____
Network Affiliation	_____	_____	_____	_____
Location	_____	_____	_____	_____
Station Revenues	_____	_____	_____	_____
Max. 60 second spot rate	_____	_____	_____	_____
Broadcast Radius	_____	_____	_____	_____
Hours of daily broadcast	_____	_____	_____	_____

**3. For Radio Stations only, please advise:**

A. Principal format (i.e. talk, rock, jazz, news, etc.)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

B. List names of any air personality / DJ considered a "shock jock" and describe format of show:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

C. Does the applicant operate (as a "licensee" or "time broker") any radio station under a "leased marketing agreement", "time brokerage agreement" or other similar arrangement?  Yes  No

If Yes, please describe:

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4. For Television Stations only, please advise:

Maximum 60 minute program rate:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

5. For stations scheduled above:

a. What is the average number of investigative stories broadcast per month?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

b. How many hours are broadcast in a non-English language and specify the language?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

6. Hours of daily programming:

a. Obtained from network:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

b. Obtained from feature services, syndicates or other third parties:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

c. Dedicated to news:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

d. Produced by the applicant (excluding news)

i) Live:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

ii) Pre-recorded:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

7. Hours of news programming that is:

a. Original / local news:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

b. From wire or other services:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

8. Does the applicant broadcast any "hotline", "call-in" or "talk" programs?  Yes  No  
If Yes,

a. Identify station, list program (indicate live or pre-recorded) and describe format.

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b. Is a delay device used to monitor the program?  Yes  No

9. Do the stations simulcast?  Yes  No  
If Yes,

a. List stations simulcasting: \_\_\_\_\_

b. Commercial advertising spots are:

the same for each location

totally or partially different for each station

10. Does the applicant produce any programming to be used by stations which are owned by others?  Yes  No  
If Yes, describe format of each show:

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11. Name of broadcasting associations or trade groups to which the applicant belongs:

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12. Does the applicant maintain written retraction or complaint procedure guidelines?  Yes  No

13. Does the applicant require a hold harmless agreement with respect to programming or advertising obtained from third parties?  Yes  No

**Optional Coverages**

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

15. TO COMPLETE THE APPLICATION, PLEASE ATTACH:

- a. rate card
- b. media kit (i.e. description of stations format and programming, demographic information, coverage map, features available)
- c. a specimen contract used with:
  - advertisers/advertising agencies, news services, feature services, syndicates
  - "leased marketing agreement" / "time brokerage agreement" (Radio stations only)
- d. current financial statement
- e. 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](http://www.markelinternational.ca)**