



Radio & T.V. Broadcasters

Please attach to Basic App or ACORD 125.

Complete this first page for EACH LOCATION to be covered.

| LOCATION INFORMATION | For Loc # | | | | | | | | | |
|---|---|---|-----------------------------------|---------------------------------------|-------------------------|----------------------|-------------------------|-------------------------|-------------------------|----------------------|
| Name of Applicant | <input type="text"/> | | | | | | | | | |
| Station Identity & Address: | <input type="text"/> | | | | | | | | | |
| Construction: | <input type="text"/> | | | | | | | | | |
| LIMITS OF INSURANCE (Include property of others for which you are responsible, e.g. equipment you lease, property of clients) | | | | | | | | | | |
| TOWERS, ANTENNA INCLUDING FOUNDATIONS, CONNECTIONS AND ATTACHMENTS | \$ | <input type="text"/> | | | | | | | | |
| COVERED PROPERTY OTHER THAN TOWERS AND ATTACHMENTS | \$ | <input type="text"/> | | | | | | | | |
| Above limit includes the following values: Transmission operating equipment incl. audio & visual transmitting & receiving equipment, monitoring and switching apparatus, and power feed wiring. | | | | | | | | | | |
| STUDIO OPERATING EQUIPMENT | \$ | <input type="text"/> | | | | | | | | |
| Above limit includes television cameras, projectors, audio and video transmitting, monitoring and switching apparatus and power feed wiring. Other studio Personal Property such as props and scenery. | | | | | | | | | | |
| MOBILE EQUIPMENT USED IN FIELD OPERATIONS | \$ | <input type="text"/> | | | | | | | | |
| - Usually housed at: <input type="text"/> | | | | | | | | | | |
| - If such property includes vehicles, specifically designed or equipped for remote broadcasting, describe & give value: | | | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| - If such property includes equipment aboard aircraft or watercraft, describe nature, type and value: | | | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| <input type="text"/> | \$ | <input type="text"/> | | | | | | | | |
| VALUATION BASIS | <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost Amounts shown above should correspond with Valuation Basis selected at 100% of value. | | | | | | | | | |
| DEDUCTIBLE | <input type="checkbox"/> Other: \$ <input type="text"/> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | | | | | | | | | |
| OPTIONAL COVERAGES | | | | | | | | | | |
| <input type="checkbox"/> Loss of Business Income and Extra Expense \$ <input type="text"/> /month \$ <input type="text"/> /total limit - Waiting Period <input type="checkbox"/> 72 hrs (minimum) <input type="checkbox"/> <input type="text"/> hours | | | | | | | | | | |
| <input type="checkbox"/> Off Premises Power & Communications Interruption Coverage - Describe emergency standby or substitute facilities (e.g. backup generators, batteries, mobile studios capable of independent operations, multiple control consoles, spare towers, network tie-in, back up record/ tape playing equipment, two lines from separate substations, reciprocal arrangements with competitors.) <input type="text"/> <input type="text"/> | | | | | | | | | | |
| - Identify the location's protective safeguards (sprinklers, burglar alarms, monitoring devices, watchman services, etc.): <input type="text"/> | | | | | | | | | | |
| <input type="checkbox"/> Broadcasters Plus Endorsement (includes 16 coverage extensions) | | | | | | | | | | |
| <input type="checkbox"/> Breakdown Coverage: Deductible (if different than deductible shown above): \$ <input type="text"/> - Is a preventive maintenance contract in effect? <input type="checkbox"/> No <input type="checkbox"/> Yes: provide details: <input type="text"/> | | | | | | | | | | |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Limited Form <input type="checkbox"/> Incl. Surface Water <input type="checkbox"/> Broad Form | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Limit of Insurance per Occurrence</th> <th style="padding: 5px;">Limit of Insurance & Annual Aggregate</th> <th style="padding: 5px;">Deductible</th> <th style="padding: 5px;">FEMA/NFIP Flood Zone</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$ <input type="text"/></td> <td style="padding: 5px;">\$ <input type="text"/></td> <td style="padding: 5px;">\$ <input type="text"/></td> <td style="padding: 5px;"><input type="text"/></td> </tr> </tbody> </table> | Limit of Insurance per Occurrence | Limit of Insurance & Annual Aggregate | Deductible | FEMA/NFIP Flood Zone | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/> |
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| \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | | | | | | | |
| <input type="checkbox"/> Earthquake and Volcanic Eruption | | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 5px;">\$ <input type="text"/></td> <td style="padding: 5px;">\$ <input type="text"/></td> <td style="padding: 5px;">\$ <input type="text"/></td> </tr> </tbody> </table> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | | | | | |
| \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | | | | | | | | |

F.790D (7/05) 1 of 2 (Location; complete page 2 for each Tower)

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.

Complete this page for EACH TOWER to be covered.

TOWER INFORMATION

| Location # | Tower # | Tower Height | Antenna Height | Manufacturer - Type, Model | Value |
|------------|---------|--------------|----------------|----------------------------|-------|
| | | | | | |

Tower Design: Guyed Self-Supporting

Describe tower inspection and maintenance program. Indicate frequency and by whom performed. Are records kept of inspections and maintenance work? Attach copy of latest inspection.

For each tower and antenna which exceeds either 200 feet in height or \$150,000 in value...

Erected by: _____ Year erected: _____

Describe any additions or changes to the tower and who was responsible for them:

Is tower on building? No Yes. Building height: _____

Maximum windload for which Tower was designed (pounds per square foot on flat surfaces): _____

Specifications used in design (EIA Standard): _____

Tower Collapse would expose: Transmitter equipment Studio Equipment

What allowances were made in design for ice?

What allowances were made in design for earthquake?

Describe lightning protection:

Identify all security safeguards (fencing, lighting, watchmen, etc.) for this specific tower:

Is space on the tower leased to others? No Yes. Please give details:

Is area around towers and guys kept clear of vegetation and combustibles? Yes No

Does lighting and marking conform to regulations? Yes No

Comments/Explanations (continued)
