

## Broadcasting / Online Content Providers Supplemental Application

THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE CAPMEDIA AND ENTERTAINMENT APPLICATION. IT IS SUBJECT TO THE SAME TERMS AND PROVISIONS INCLUDED IN THAT APPLICATION, INCLUDING THOSE CONCERNING REPRESENTATIONS AND MADE AND STATED FRAUD WARNINGS.

Applicant Name:	
	(Proposed Named Insured)

### A. BROADCASTER – RADIO / TV / SATELLITE

A.1 Schedule of Stations:

Call Letters	Simulcast Percent	Programming Format	Network Affiliations
	%		
	%		
	%		
	%		
	%		

A.2 Programming Types:

Type	Percent	Type	Percent	Typ3	Percent
Live	%	Original – Local News	%	Wire Service	%
Network Originated	%	Prerecorded	%		
Original – Excluding News	%	Syndicate / Feature Service	%	Total:	100%

A.3 Does the Applicant produce or distribute any controversial programming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.4 Do reporters use hidden cameras or microphones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.5 Do reporters participate in “ride-alongs” with law enforcement, firefighters or EMT’s (or any emergency response vehicle or aircraft)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.6 Is there a procedure in place regarding the recycling of file footage, notes, tapes, or electronic versions thereof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.7 Is there a policy and procedure regarding the use of confidential sources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.8 Is there a policy and procedure regarding correction and retraction requests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.9 Does the Applicant employ “shock jocks”?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A.10 Are licensing fees paid to ASCAP, BMI, SESAC or other music licensing organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### B. CABLE TV SYSTEM OPERATIONS

B.1 Schedule of Cable Systems:

Name	Location (City / State)	Years in Operation	# of Subscribers	Produce any Original Programming	Hours per Week	Programming Types
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

B.2 Does any cable television system listed above lease channels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is user required to indemnify the cable operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.3 Does any cable television system listed above operate access channels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		

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Access Channel	Access Procedure	Type of Programming Available for each Access Channel	# of Subscribers	Operating Budget	Contributions / Grants

## C. ONLINE CONTENT PROVIDER

C.1 Total Revenue generated from:

Content:	
Subscription services:	
Advertising:	

C.2 Receipts generated from the following services:

Type	Percent	Type	Percent	Typ3	Percent
Application Service Provider	%	Educational Information	%	Music	%
Commercial Online Service	%	Games	%	News	%
Content Provider	%	Movies	%	Web Hosting	%
Other, please describe:			%		

C.3 Please describe activities and services the Applicant wants to insure:

C.4 What type of content is disseminated by Applicant?

C.5 Please identify website addresses for each online content provider:

C.6 Does the Applicant's website or online service collect personal information from children under 13 years of age, or is it directed to children under 13 years of age?  Yes  No

C.7. Does the Applicant comply with the Children's Online Privacy Protection Act (COPPA)?  Yes  No

Do you participate in an approved COPPA safe harbor program?  Yes  No

C.8 Does the Applicant web cast music?  Yes  No

If yes, does the Applicant pay all required license fees to copyright owners?  Yes  No

C.9 Please identify percentage of content created by the Applicant: %

C.10 Please identify sources of unoriginal content:

C.11 Are consents obtained for unoriginal content?  Yes  No

C.12 Are releases obtained for unoriginal content?  Yes  No

C.13 Who operates the Applicant's web server?

C.14 Please describe the "take down" procedures in the event the Applicant is notified of infringing or offensive content:

C.15 Does the Applicant comply with the Digital Millennium Copyright Act (DMCA)?  Yes  No

C.16 Does the Applicant have procedures in place to regularly ensure compliance with the DMCA?  Yes  No

C.17 Does the Applicant consult with either in house counsel or outside legal counsel on the requirements of the DMCA?  Yes  No

## D. FRAUD WARNINGS

**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 and subjects that person to criminal and civil penalties.**

**(Not applicable in AL, AR, CO, DC, FL, KY, KS, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA and WV).**

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## **APPLICABLE IN AL, AR, DC, LA, MD, NM, RI AND WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

## **APPLICABLE IN CO**

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.

## **APPLICABLE IN FL AND OK**

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)\*. \*Applies in FL only.

## **APPLICABLE IN KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

## **APPLICABLE IN KY, NY, OH AND PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

## **APPLICABLE IN ME, TN, VA AND WA**

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 and denial of insurance benefits. \*Applies in ME only.

## **APPLICABLE IN NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

## **APPLICABLE IN OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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**Signature of authorized representative of Applicant**

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**Title**

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**Type / Print name of authorized representative**

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**Date**