

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:		

Broadcasting / Online Content Providers Supplemental Application

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



Broadcasting / Online Content Providers Supplemental Application

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

Iowa Licensed Insurance Agent Signature

Agency Name / Agency Code

Type / Print Iowa Licensed Insurance Agent Name

Iowa Insurance Agent License Number