



OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

MEDIA ADVANTAGE POLICY®

Broadcaster Supplement — Radio, Television and Cable

1. Name of **Applicant**: _____

2. Identify all subsidiaries, including trade names, and joint ventures to be insured by the policy:

3. Scheduled Television and Cable Stations

For television, please provide highest hourly advertising rate and for cable, please identify the number of subscribers:

Station and Location	Years in Operation	Highest Hourly Advertising Rate	Number of Subscribers	Station Revenues
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Scheduled Radio Stations:

Call Letters and Location	Years in Operation	Highest Rate 60-Second Spot	Percentage Simulcast	Format	Station Revenues
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Broadcast Programming — Indicate percentage of programming that is:

Original Programming (excluding news)	_____	%
Percentage that is: a) Prerecorded	_____	%
b) Live	_____	%
Network Programming	_____	%
Purchased or Leased Programming	_____	%
Percent provided by a syndicate or feature service	_____	%
Percent provided by independent contractors	_____	%
Original Local News Programming	_____	%
News Content Provided by a Wire Service	_____	%

6. Broadcast Format — Indicate percentage of format that is:

Educational _____ %
Public Broadcasting _____ %
Religious Content _____ %
Controversial _____ %
Sports _____ %
Talk: _____ %

Foreign Language Broadcasting Yes No
Spanish _____ % Asian _____ % Middle Eastern _____ % French _____ %
Other _____ %

7. Do any of the stations produce programming for stations not owned or operated by the Applicant? Yes No

If “yes,” please explain the type of programming produced _____

Does Applicant employ any “**shock jocks**” or air controversial programming? Yes No

If “yes,” describe: _____

Does applicant “**podcast**” any programming? Yes No

If “yes”, describe: _____

8. Operations and Loss Prevention

Are delay devices utilized for live programming? Yes No

Are license fees paid to music licensing societies and organizations? Yes No

Is music web cast over the Internet? Yes No

If “yes,” are web casting statutory licenses procured? Yes No

Do news reporters engage in investigative or undercover reporting? Yes No

Do news reporters use hidden cameras or microphones? Yes No

Do reporters participate in “ride-alongs” with law enforcement or emergency medical services personnel? Yes No

Is there a procedure in place regarding the recycling of file footage, notes, tapes or electronic versions thereof? Yes No

Is there a policy regarding the use of confidential sources? Yes No

Is there a policy regarding correction and retraction requests? Yes No

Do in-house advertising departments utilize limitation of liability clauses? Yes No

9. Attachments

Please submit the following information to complete your Application:

- a Current financial statement or corporate annual report;
- a Promotional materials regarding the services or operations of **Applicant**;
- a Advertising rate card;
- a Copy of standard hold-harmless agreements utilized with independent contractors and advertisers; and
- a If a new operation, resumes of principals.
- a Current programming schedule.