

SUPPLEMENT TO BROADCASTER APPLICATION FOR CATV OPERATORS

Note: All questions must be answered. All requested attachments must accompany application.

1. List cable television systems:

Name Classification	Location	Number of Subscribers	Market
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2. Describe other services:

Type: _____ Gross receipts from each: _____

3. Original Programming

A. Type: _____ Number of hours per week (each type) _____

B. Is originated programming syndicated? YES NO
If yes, explain in detail and include amount of gross receipts.

C. Is originated programming reviewed for controversial material and originality of titles and content by a lawyer experienced in media law? YES NO
If no, explain in detail.

4. Access Channel:

Does any system named above operate an access channel? YES NO
If yes, name each system and extent of use

5. Leasing CATV Channels:

In leasing CATV channels, does operator require a written hold harmless or indemnity agreement from user? YES NO
If yes, explain in detail.

6. Other pertinent information relating to these activities:

Remarks:

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name _____

Name

(Please type or print)

(Signature of authorized representative)

Title _____

Date

To Complete your application, you must submit:

- Current financial statement or annual report
- Advertising materials about applicant's operation
- Advertising rate card, if any
- Experience resume of management
- Leasing agreement if lease CATV channels

▪ Agent or Broker		▪ Telephone	
▪ Principal Street Address	▪ City	▪ State	▪ ZIP Code