

SUPPLEMENT TO BROADCASTER APPLICATION FOR CABLE TELEVISION ACCESS AND LOCAL ORINATION CHANNELS

1. Check one item describing local cable programming affiliation:

- Cable Television System
 Municipality
 School/literary
 Local access
 Other (please specify)

2. Check one item describing approximate annual budget, contributions and other income:

- \$0 to \$25,000
 \$50,001 to \$100,000
 \$250,001 to \$500,000
 \$750,001 to \$1,000,000
 25,001 to \$50,000
 \$100,001 to \$250,000
 \$500,001 to \$750,000
 More than \$1,000,000

PROCEDURE

3. Do you require every user to complete a channel use agreement? YES NO If no, explain in detail

4. Does your channel use agreement include a hold harmless and indemnity agreement from the user? YES NO
Provide copy

5. A. Are appropriate licenses obtained for all music cablecast over the channel? YES NO If no, explain in detail

B. Are program producers required to show evidence of appropriate licenses for music? YES NO If no, explain in detail

6. Provide a brief description of procedures for checking the accuracy of content, title, clearances, etc. for the channel's original programming.

PROGRAMMING

7. A. Approximate number of hours of original programming per week: **B. Approximate number of hours of programming per week from other source:**

8. Approximate percentages of types of programming:

- | | | |
|-------------------------------|---------------------------------------|-------------------------------|
| _____ % Musical production | _____ % Children's/Educational | _____ % Theatrical performers |
| _____ % Original news program | _____ % Sports | _____ % Other |
| _____ % Religious | _____ % Public affairs and government | |

9. Number of cable systems to which programming is distributed:

10. A. Number of operating program channels your are responsible for:	B: Number of operating alpha numeric channels you are responsible for:

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 _____

(Please type or print)

Name

(Signature of authorized representative)

Title _____

Date

To Complete your application, you must submit:

- Copy of contract with cable operators
- Copy of contract with community interest groups
- Copy of channel use agreement
- Experience resume of key employees

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