



# Cable Television System Application

Complete a separate application for each system.

## SYSTEM INFORMATION

Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Name of Inspection Contact: \_\_\_\_\_

Telephone Number of Inspection Contact: \_\_\_\_\_

Name of System: \_\_\_\_\_

Location of System: \_\_\_\_\_

Previous Policy Number: \_\_\_\_\_ Insurer: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Total miles of trunk and distribution cable in System: \_\_\_\_\_ Underground \_\_\_\_\_ %

## LIMITS AND DEDUCTIBLES DESIRED:

**Direct damage to covered property of the system described above:**

<b>LIMITS</b>		<b>DEDUCTIBLE</b>
\$ _____	Direct Damage at locations and distribution cable	\$ _____
\$ _____	In transit in or on any one conveyance	

**Optional Coverages**

\$ \_\_\_\_\_ Flood  Limited Form  Include Surface Water  Broad Form

\$ \_\_\_\_\_ Earthquake and Volcanic Eruption

Equipment Breakdown Coverage

Broadcasters Plus Endorsement (16 coverage extensions)

**Loss of Business Income and Extra Expense of the system described above:**

LIMIT PER MONTH	TOTAL LIMIT	WAITING PERIOD
\$ _____	\$ _____	(Minimum 3) _____ Days

Off Premises Power and Communication Interruption Coverage

## MASTER CONTROL CENTERS (Head-End Building):

NO.	LOCATION	CONSTRUCTION OF BUILDING
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(attach a schedule if additional space is required)*

## STATEMENT OF VALUES:

Values are 100% of:  Replacement Cost  Actual Cash Value

LOC #	Head-End Equipment	Tower Antenna Dishes	Furniture Fixtures And Office Equipment	All Other Insured Business Personal Property	TOTALS
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

## PROPERTY ELSEWHERE:

a. Towers, Antennae, Reflectors, and Attachments	\$ _____
b. Trunk Cables	\$ _____
c. Distribution Cable (above ground) including Drop Lines	\$ _____
d. Distribution Cable (underground) including Drop Lines	\$ _____
e. Amplifiers	\$ _____
f. Spare Parts Inventory	\$ _____
g. Shop and Test Equipment	\$ _____
h. Construction Inventory and Construction Equipment and Tools	\$ _____
i. Origination Equipment, Decoders, Converters, Closed Circuits	\$ _____
j. Furniture, Fixtures, and Office Equipment	\$ _____
k. Other mobile equipment (describe) _____	\$ _____
<b>TOTALS</b>	\$ _____

**LOSS OF BUSINESS INCOME AND EXTRA EXPENSE COVERAGE:**

If Limits were shown for Business Income and Extra Expenses, completing the following may assist you to establish adequate Limits of Insurance. It is the Insured's responsibility to establish adequate Limits of Insurance; completing this worksheet does not relieve you of the responsibility. Refer to coverage form for applicable provisions.

- a. Actual business income past 12 months \$
- b. Anticipated business income next 12 months \$
- c. Divide (b) by 12 for monthly average \$
- d. Estimated monthly amount of extra expenses to continue normal operations \$
- e. Total of (c) plus (d) \$
- f. Estimated number of months business income would be curtailed or extra expenses incurred following a major loss (minimum three)
- g. Multiply (e) times (f) for total limit \$

Describe all tower, antennae, and/or head-end equipment standby facilities available to this System, including agreements with competitive systems for emergency facility assistance.

Any location subject to Flooding, Surface Water, or Mudslide?  Yes  No

If "Yes," Explain:

Automatic sprinkler systems at locations?  Yes  No

If "Yes," List Locations:

Burglar alarms at locations?  Yes  No

If "Yes," Describe Each:

**Describe Losses (Direct Damage and Income or Expenses) For the Past Three Years**

Date	Amount Paid	Deductible	Location, Type, and Cause of Loss/Steps Taken to Prevent Recurrence

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY AGENT**

Do you recommend this risk from a financial and physical standpoint?  Yes  No

List other policies we write or are considering:

**Agent's or Broker's Name:** \_\_\_\_\_  
**Agent's or Broker's Address:** \_\_\_\_\_