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## RADIO AND TELEVISION TOWER & EQUIPMENT PROPERTY DAMAGE APPLICATION

The following spaces preceded by an asterisk (\*) need not be completed if this endorsement and the policy have the same inception date.

POLICY NUMBER	INSURED	EFFECTIVE DATE
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<b>Broadcasting Company:</b>		<b>Call Letters:</b>	
<b>Principal Mailing Address:</b>		<b>Tower Location:</b>	

### GENERAL

A.	Type of Tower:	<input type="checkbox"/> Self Supporting <input type="checkbox"/> Guyed
B.	Cross Section:	<input type="checkbox"/> Square <input type="checkbox"/> Triangular
C.	Constructed of:	<input type="checkbox"/> Structural Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Pipe <input type="checkbox"/> Galvanized
D.	Base of Tower:	<input type="checkbox"/> Fixed <input type="checkbox"/> Pivoted
E.	Number of Guys:	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12
F.	Beacon Marker Lights:	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.	Lightning Protection:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DESIGN

A.	Height of Tower:	ft.	Base Dimensions:	Length:	ft.	Width:	ft.
B.	If guyed, distance to guy:	1/	2/				
	Anchor foundation from tower:	ft.	ft.				
	Number of guy anchors:	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8					
C.	Approximate elevation of guy anchor points on tower above base:			ft.			
D.	Designed by:						
	Erected by:						
E.	Manufactured by:						
	(if standard tower)						
	Address:						
F.	Original Cost:	\$	Date Constructed:				
	Total weight of tower:						
G.	Design Wind Pressure:	lbs. per square ft.					
	Specification Used:	<input type="checkbox"/> A.I.S.C. <input type="checkbox"/> R.T.M.A. <input type="checkbox"/> A.S.A. <input type="checkbox"/> E.I.A.					
		<input type="checkbox"/> Others:					
H.	Describe rust prevention method used:						
I.	Is the tower used as a radiator only?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
J.	Was the tower designed for this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Previous owner:						
	Location:						
K.	Describe method of dismantling and re-erection at new site (Welded, bolted, etc.):						
L.	If used to support FM or TV antenna, was the tower originally designed for this purpose?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, give details and method of reinforcing the tower:						
M.	Are guys (if used) prestressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
N.	Describe anchorage method:						
O.	Were the towers original design based on supporting all the antennas now operating?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
P.	If not, describe additional revision to tower to support additional loadings:						

## FOUNDATION

A.	Designed by:			
	Constructed by:			
B.	Type of soil:		Allowable bearing pressure:	
C.	Pile foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bearing capacity of pile:	tons/piles
D.	Method of determining pile capacity:	<input type="checkbox"/> Engr. News Record Formula <input type="checkbox"/> Actual Load Test		
	Type of pile:	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Concrete		

## INSPECTION

A.	When were the towers last inspected?	
B.	Do owners subscribe to any inspection service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Describe inspection service:	

## APPURTENANCES

A.	Does the tower have a TV antenna?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B.	Does the tower have an AM antenna?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C.	Is there lightning protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please describe:			
D.	Does the tower have insulators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, indicate name of the manufacturer:			
	If yes, please describe insulators:			
E.	Does the tower have a beacon marker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wattage:
	If yes, indicate the number of lights:			
F.	Are beacon markers in accordance with F.C.C.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
G.	Does the tower have de-icer equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
H.	Indicate make of antennas:			
I.	Indicate type of antennas:			
J.	Indicate weight of antennas:	lbs.		
K.	Indicate dimensions of antennas:	Height	ft.	Length
L.	Indicate original cost of antennas:	AM: \$	FM: \$	TV: \$
M.	Indicate date of purchase of antennas:	AM:	FM:	TV:
N.	What wind pressure are the antennas designed to sustain?			
P.	Indicate height of antenna above top of tower:	ft.		

## EXPOSURES

A.	Are there any trees or other structures within 500 feet radius?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B.	Is the area subject to any flooding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C.	Is the tower fenced in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Indicate type of fence:			
D.	Is the tower in an earthquake zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
E.	How far is the tower from the nearest regular traveled air route?			
F.	How far is the tower from the nearest airport?			
G.	How far is the tower from a transmitting station?			
H.	How far is the tower from a tuning unit?			
I.	If separate from tower, where is the tuning unit located?			
J.	How far is the tower from any other buildings or structures?			

## LOSS HISTORY - Please provide loss experience for the past five years.

Date	How Caused?	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Has any insurance company ever cancelled, refused to renew, or declined to issue any insurance for applicant?

☐ Yes ☐ No     If yes, please explain: \_\_\_\_\_

## TOWER SITE(S)

1. Type of Broadcast: ☐ Radio ☐ Television
2. Tower structure and guy wires, de-icing equipment, aircraft beacons, including erection costs. For type, indicate whether self-supporting, guyed, articulated base or bridge type.

### LOCATIONS

	<u>EXACT ADDRESS</u>	<u>HEIGHT</u>	<u>TYPE</u>	<u>VALUE</u>
(A)				\$
(B)				\$
(C)				\$

Foundations, anchors and underground equipment (Total values at each location).

### LOCATIONS

### VALUE

(A) \$ \_\_\_\_\_  
(B) \$ \_\_\_\_\_  
(C) \$ \_\_\_\_\_

Antennae, transmission lines or coaxial cable, meaning cable both on and off the above premises (property of the Assured), and catwalks Total values at each location).

### LOCATIONS

### VALUE

(A) \$ \_\_\_\_\_  
(B) \$ \_\_\_\_\_  
(C) \$ \_\_\_\_\_

Tuning House Apparatus (Total values at each location).

### LOCATIONS

### VALUE

(A) \$ \_\_\_\_\_  
(B) \$ \_\_\_\_\_  
(C) \$ \_\_\_\_\_

Miscellaneous electrical auxiliary operating and control apparatus permanently connected to tower(s) and not named above.

### LOCATIONS

### VALUE

(A) \$ \_\_\_\_\_  
(B) \$ \_\_\_\_\_  
(C) \$ \_\_\_\_\_

Total value at location (A) \$ \_\_\_\_\_

Total value at location (B) \$ \_\_\_\_\_

Total value at location (C) \$ \_\_\_\_\_

TOTAL VALUE AT ALL LOCATIONS \$ \_\_\_\_\_

## TRANSMITTER HOUSE(S)

3. \*Transmitting, audio and video control, monitoring, and switching apparatus, including power feed wiring.

*(Give total values for above at each location)*

	<u>EXACT ADDRESS</u>	<u>CONSTRUCTION</u>	<u>VALUE</u>
(A)			\$
(B)			\$
(C)			\$
TOTAL VALUE AT ALL TRANSMITTER HOUSES			\$ _____

## BROADCASTING STUDIO(S)

4. \*Oral and visual pickup, audio and video control, monitoring and switching apparatus, including power feed wiring.  
(Give total values for above at each location)

<u>EXACT ADDRESS</u>	<u>CONSTRUCTION</u>	<u>VALUE</u>
(A)		\$
(B)		\$
(C)		\$
<b>TOTAL VALUE AT ALL TRANSMITTER HOUSES</b>		\$

Film and slide projection reproducing apparatus and video recording and reproducing apparatus.

<u>LOCATION</u>	<u>VALUE</u>
(A)	\$ _____
(B)	\$ _____
(C)	\$ _____

Special television studio lighting equipment (excluding building lighting systems).

<u>LOCATION</u>	<u>VALUE</u>
(A)	\$ _____
(B)	\$ _____
(C)	\$ _____

**TOTAL VALUE AT ALL STUDIOS: \$ \_\_\_\_\_**

## MOBILE EQUIPMENT

5. Transmitting and receiving equipment not permanently situated in buildings. Describe fully:

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## MISCELLANEOUS EQUIPMENT

6. \*Phonograph records, tape and wire recordings, positive film library.

<u>EXACT ADDRESS</u>	<u>CONSTRUCTION</u>	<u>VALUE</u>
(A)		\$
(B)		\$
(C)		\$

LIMIT ANY ONE RECORD: \$

LIMIT ANY ONE TAPE OR WIRE RECORDING: \$

LIMIT ANY ONE POSITIVE FILM: \$

LIMIT ANY ONE LOCATION (RECORDS, RECORDINGS AND FILM COMBINATION): \$

- (\*) **POLICY EXCLUDES IMPROVEMENTS AND BETTERMENTS TO BUILDINGS, FURNITURE AND FIXTURES AND SUPPLIES HELD IN STORAGE. DO NOT INCLUDE THOSE VALUES.**

## RATING INFORMATION

	FIRE RATES (COINSURANCE APPLYING)	EXTENDED COVER RATE (COINSURANCE APPLYING)	VANDALISM & MALICIOUS MISCHIEF RATES (COINSURANCE APPLYING)
<b>TOWER(S)</b>			
LOCATION (A):			
LOCATION (B):			
LOCATION (C):			
<b>TUNING HOUSE</b>			
LOCATION (A):			
LOCATION (B):			
LOCATION (C):			
<b>TRANSMITTER HOUSE</b>			
LOCATION (A):			
LOCATION (B):			
LOCATION (C):			
<b>BROADCASTING STUDIOS</b>			
LOCATION (A):			
LOCATION (B):			
LOCATION (C):			

Equipment at locations other than those provided for in this application--attach separate sheet giving description of equipment, location(s), and all published rates with coinsurance applying.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_