



Commonwealth  
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## RADIO AND TELEVISION TOWER & EQUIPMENT PROPERTY DAMAGE APPLICATION

Date of Report: _____		Reported By: _____		Office: _____	
Frequency: _____		Address: _____			
1.	Broadcasting Co. _____			Call Letters: _____	
	Principal Mailing Address: _____			Tower Location: _____	
2. 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 Explain: _____				
3. DESIGN	A. TOWER HEIGHT: _____ 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. MFG. BY (IF STANDARD TOWER)			ADDRESS: _____	
	F. ORIGINAL COST: \$ _____		DATE CONSTRUCTED: _____		TOTAL WEIGHT OF TOWER: _____ LBS.
	G. DESIGN WIND PRESSURE: _____ LBS./SQ 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 TOWER DESIGNED FOR THIS LOCATION: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, INDICATE: _____				
	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 TOWER ORIGINALLY DESIGNED FOR THIS PURPOSE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, GIVE DETAILS AND METHOD OF REINFORCING TOWER:				
	M. ARE GUYS (IF USED) PRESTRESSED: <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE ANCHORAGE METHOD: _____				
	4. 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 DETERMINING PILE CAPACITY: ENGR. NEWS RECORD FORMULA <input type="checkbox"/> ACTUAL LOAD TEST <input type="checkbox"/>	TYPE OF PILE: <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> CONCRETE		
5.	A. WHEN WERE TOWERS LAST INSPECTED: _____	DO OWNERS SUBSCRIBE TO ANY INSPECTION SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	B. DESCRIBE INSPECTION SERVICE: _____			
6.	A. TV ANTENNA: <input type="checkbox"/> YES <input type="checkbox"/> NO A.M. ANTENNA: <input type="checkbox"/> YES <input type="checkbox"/> NO		LIGHTNING PROTECTION: <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE: _____	
	B. INSULATORS: <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE: _____ MANUFACTURER: _____	
	C. BEACON MARKER: _____ NUMBER _____ LIGHTS _____		WATTAGE: _____	
	D. DE-ICER EQUIPMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		BEACONS MARKERS IN ACCORDANCE WITH F.C.C. <input type="checkbox"/> YES <input type="checkbox"/> NO	
	E. MAKE AND TYPE ANTENNAS: _____			
	F. WEIGHT OF ANTENNAS: _____ LBS.		DIMENSIONS OF ANTENNA: LENGTH _____ FT. HEIGHT: _____ FT.	
	G. ORIGINAL COST OF ANTENNAS: A.M.: \$ _____		F.M.: \$ _____ T.V.: \$ _____	
	H. DATE OF PURCHASE OF ANTENNAS: A.M.: _____		F.M.: _____ T.V.: _____	
	I. WHAT WIND PRESSURE IS THE ANTENNAS DESIGN TO SUSTAIN: _____		HEIGHT OF ANTENNA ABOVE TOP OF TOWER _____ FT.	
	J. WERE TOWERS ORIGINAL DESIGN BASED ON SUPPORTING ALL THE ANTENNAS NOW OPERATING: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DESCRIBE ADDITIONAL REVISION TO TOWER TO SUPPORT ADDITIONAL LOADINGS: _____			
7. EXPOSURES	A. ARE THERE ANY TREES OR OTHER STRUCTURES WITHIN 500 FT. RADIUS: <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE AREA SUBJECT TO FLOODING: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	B. IS TOWER FENCED IN: <input type="checkbox"/> YES <input type="checkbox"/> NO IS TOWER IN EARTHQUAKE ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF FENCE: _____	
	C. HOW FAR IS TOWER FROM NEAREST REGULAR TRAVELED AIR ROUTE: _____		HOW FAR IS TOWER FROM NEAREST AIRPORT: _____	
	D. HOW FAR IS TOWER FROM: 1. TRANSMITTING STATION? _____ FT. 2. TUNING UNIT, IF SEPARATE FROM TOWER, WHERE LOCATED? _____ FT. 3. ANY OTHER BUILDINGS, OR STRUCTURES? _____ FT.			
	E. GIVE LOSS EXPERIENCE FOR PAST FIVE YEARS (DATE, AMOUNT AND HOW CAUSED): _____			
	F. HAS ANY INSURANCE COMPANY EVER CANCELED, REFUSED TO RENEW OR DECLINED TO ISSUE ANY INSURANCE FOR APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO 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).

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

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

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

Tuning House Apparatus (Total values at each location).

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

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

<u>LOCATIONS</u>	<u>VALUE</u>
(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) _____	_____	_____	\$ _____
<b>TOTAL VALUE AT ALL TRANSMITTER HOUSES</b>			<b>\$ _____</b>

## 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>			<b>\$ _____</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: \_\_\_\_\_

### **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 <u>(COINSURANCE APPLYING)</u>	EXTENDED COVER RATE <u>(COINSURANCE APPLYING)</u>	VANDALISM & MALICIOUS MISCHIEF RATES <u>(COINSURANCE APPLYING)</u>
<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:** \_\_\_\_\_