



# ESSEX INSURANCE COMPANY

## 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">A. TOWER HEIGHT: _____ FT.</td> <td colspan="2">BASE DIMENSIONS: LENGTH: _____ FT WIDTH: _____ FT</td> </tr> <tr> <td colspan="2">B. If guyed, distance to guy: 1/ _____ 2/ _____ Anchor Foundation from Tower: _____ FT. _____ FT.</td> <td colspan="2">Number of Guy Anchors: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8</td> </tr> <tr> <td colspan="4">C. APPROXIMATE ELEVATION OF GUY ANCHOR POINTS ON TOWER ABOVE BASE: _____ FT.</td> </tr> <tr> <td colspan="2">D. DESIGNED BY:</td> <td colspan="2">ERECTED BY:</td> </tr> <tr> <td colspan="2">E. MFG. BY (IF STANDARD TOWER)</td> <td colspan="2">ADDRESS:</td> </tr> <tr> <td>F. ORIGINAL COST: \$ _____</td> <td>DATE CONSTRUCTED:</td> <td colspan="2">TOTAL WEIGHT OF TOWER: _____ LBS.</td> </tr> <tr> <td>G. DESIGN WIND PRESSURE: _____ LBS./SQ FT.</td> <td colspan="3">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:</td> </tr> <tr> <td colspan="4">H. DESCRIBE RUST PREVENTION METHOD USED:</td> </tr> <tr> <td colspan="4">I. IS THE TOWER USED AS A RADIATOR ONLY: <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="4">J. WAS TOWER DESIGNED FOR THIS LOCATION: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, INDICATE:</td> </tr> <tr> <td colspan="2">PREVIOUS OWNER:</td> <td colspan="2">LOCATION:</td> </tr> <tr> <td colspan="4">K. DESCRIBE METHOD OF DISMANTLING AND RE-ERECTION AT NEW SITE (Welded, bolted, etc):</td> </tr> <tr> <td colspan="4">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:</td> </tr> <tr> <td colspan="4">M. ARE GUYS (IF USED) PRESTRESSED: <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE ANCHORAGE METHOD:</td> </tr> </table>		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:			
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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:	
	D. METHOD DETERMINING PILE CAPACITY: ENGR. NEWS RECORD FORMULA <input type="checkbox"/> ACTUAL LOAD TEST <input type="checkbox"/>		TONS/PILES 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

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