

## Supplemental Application

### GENERAL APPLICANT INFORMATION

1. First Named Insured (including DBAs): \_\_\_\_\_  
Website Address(es): \_\_\_\_\_
2. Date applicant was established: \_\_\_\_\_  
Geographic area in which applicant operates:    ☐ Local    ☐ State    ☐ Regional (Multi-State)    ☐ National    ☐ International
3. Total Annual Revenues: \_\_\_\_\_
4. A. Is applicant wholly or partially owned by, affiliated with or controlled by any other entity(ies) not previously listed in Question 1? ☐ Yes    ☐ No  
B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1? ☐ Yes    ☐ No  
If 4A or 4B are answered Yes, provide complete details: \_\_\_\_\_
5. Has the applicant ever been the subject of any:
  - A. Disciplinary action or been investigated, reprimanded or fined by the Federal Trade Commission or other regulatory agency? ☐ Yes    ☐ No  
If Yes, attach a separate sheet detailing the action(s), result(s) and steps taken to mitigate future disciplinary actions.
  - B. Licensing dispute? ☐ Yes    ☐ No
  - C. Any libel/slander/defamation/plagiarism allegations? ☐ Yes    ☐ No
  - D. Any intellectual property allegations? ☐ Yes    ☐ No
 If the answer to 4B, 4C, 4D is Yes, provide details for each answer: \_\_\_\_\_
6. Is the applicant a(n):
  - A. Advertising/Public Relations Agency? ☐ Yes    ☐ No
  - B. Broadcaster—Television/Radio ☐ Yes    ☐ No
  - C. Cable Operator? ☐ Yes    ☐ No
  - D. Multimedia? ☐ Yes    ☐ No  
If Yes, please describe: \_\_\_\_\_
  - E. Producer—Film/Video/Music, including game production? ☐ Yes    ☐ No
  - F. Publisher—Book? ☐ Yes    ☐ No
  - G. Publisher—Newspaper/Magazine? ☐ Yes    ☐ No
  - H. Publisher—Other ☐ Yes    ☐ No  
If Yes, please describe: \_\_\_\_\_
  - I. Webcaster? ☐ Yes    ☐ No
  - J. Other? ☐ Yes    ☐ No  
If Yes, please describe: \_\_\_\_\_
7. Does the applicant do in-house printing? ☐ Yes    ☐ No

8. Does the applicant:
- A. Have in-house legal counsel with experience in media and intellectual property laws? ☐ Yes ☐ No
- B. Utilize outside legal counsel for media and intellectual property matters? ☐ Yes ☐ No
- If Yes, provide the following:
- Name of outside legal counsel: \_\_\_\_\_
- Name of firm: \_\_\_\_\_
- Address: \_\_\_\_\_
- C. If no in-house or outside legal counsel is utilized, describe the applicant's procedures for evaluating media and intellectual property matters: \_\_\_\_\_
- D. Follow written clearance procedures for all materials prior to release? ☐ Yes ☐ No
- E. Require third party providers of content to assign or license the applicant the right to use the content? ☐ Yes ☐ No
- If Yes, do such rights extend to all methods of use (print, video, web, etc.)? ☐ Yes ☐ No
9. Describe the applicants procedure for responding to:
- A. Requests for retractions or corrections: \_\_\_\_\_
- B. Complaints relating to the applicant's content: \_\_\_\_\_
- B. If the applicant provides advertising services: ☐ N/A**
1. What is the estimated gross annual billing for the current fiscal period? \_\_\_\_\_
2. Indicate the approximate percentages of the applicants total operations:
- Public Relations Consultant: \_\_\_\_\_% Mail order or catalogue sales firm: \_\_\_\_\_%
- Publishing: \_\_\_\_\_% Trademarks/logos/package design/other corporate identities: \_\_\_\_\_%
- Broadcasting: \_\_\_\_\_% Production of films, radio or television: \_\_\_\_\_%
- Photo service: \_\_\_\_\_% Outdoor: \_\_\_\_\_%
- Other (specify): \_\_\_\_\_% \_\_\_\_\_
3. Do the applicant's activities involve set up and/or management of promotional games, contests, lotteries, sweepstakes or other games of chance? ☐ Yes ☐ No
- If Yes, provide details including specific contracts and approximate percentage of the total operation.
- \_\_\_\_\_
- What is the maximum value of prizes awarded? \_\_\_\_\_
- What is the average value of prizes awarded? \_\_\_\_\_
4. Does the applicant use material created or supplied by third parties? (e.g. text, videos, music etc.) in its advertising products? ☐ Yes ☐ No
- If Yes, does the applicant obtain prior written clearance from the third party that permits the applicant to use such material in its advertising product? ☐ Yes ☐ No

C. If the applicant provides publishing services, answer the following: ☐ N/A

1. For both print and digital distribution, provide the following for all materials published by the applicant, including books, journals, newsletters, magazines, newspapers or other written content.

NAME OF PUBLICATION	FREQUENCY	CIRCULATION	SUBJECT	PRINT/ DIGITAL/BOTH

2. Provide the percentage of the following:

Original content created by the applicant? \_\_\_\_%

Previously released content republished by the applicant? \_\_\_\_%

Solicited original content created by free-lance contributors? \_\_\_\_%

Unsolicited original content created by third party contributors? \_\_\_\_%

3. Is all content review prior to release:

By editorial staff?

☐ Yes ☐ No

By legal counsel?

☐ Yes ☐ No

4. Does the applicant have a process for returning unsolicited material?

☐ Yes ☐ No

5. Does the applicant provide residential delivery?

☐ Yes ☐ No

If Yes, is delivery performed:

By employees?

☐ Yes ☐ No

By independent contractors?

☐ Yes ☐ No

If using independent contractors, do you obtain certificates of general liability, automobile liability and workers' compensation insurance?

☐ Yes ☐ No

Are you named as Additional Insured on their General Liability and Automobile Liability Policies? (please provide copy of certificate insurance)

☐ Yes ☐ No

D. If the applicant provides broadcasting and/or webcasting services answer the following: ☐ N/A

1. Provide the percentage of revenue from the following:

Cable \_\_\_\_% Internet \_\_\_\_% Radio \_\_\_\_% Television \_\_\_\_% Other (describe): \_\_\_\_% \_\_\_\_\_

2. For each broadcasting station or cable system provide the following

CALL LETTERS	CABLE SYSTEM	LOCATION	URL OF WEBSITE	MARKET CLASSIFICATION

3. Does the applicant create original programming?

☐ Yes ☐ No

If Yes, describe: \_\_\_\_\_

4. Provide the percentage of the following:

Original content created by the applicant? \_\_\_\_%

Previously released content republished by the applicant? \_\_\_\_%

Solicited original content created by free-lance contributors? \_\_\_\_%

Unsolicited original content created by third party contributors? \_\_\_\_%

5. Is all content review prior to release:

By editorial staff? ☐ Yes ☐ No

By legal counsel? ☐ Yes ☐ No

E. Tower Information: ☐ N/A

SITE NAME	ADDRESS	COUNTY	TOWER TYPE*	TOWER HEIGHT	YEAR BUILT	FENCE HEIGHT	TIA-222 STANDARD

1. Tower Maintenance:

Who maintains the applicant's towers? ☐ Employee ☐ Qualified Maintenance Contractor

2. Date of last tower inspection by a licensed contractor? \_\_\_\_\_

3. Frequency of professional tower inspections? \_\_\_\_\_

4. Describe any tower work performed by an employee: \_\_\_\_\_

5. Certificates of insurance obtained from all contractors involved in performing tower maintenance/repairs/upgrades? ☐ Yes ☐ No

6. Certificates list insured as an additional named insured, and also provide hold harmless wording in favor of the insured? ☐ Yes ☐ No

7. Recommendations from inspections completed? ☐ Yes ☐ No

8. Business Income Exposure

In the event of a major loss:

a) How long would it take to resume operations? \_\_\_\_\_

b) Does the applicant have emergency access to other facilities-written reciprocal agreement? ☐ Yes ☐ No

c) Does the applicant have a network hookup or tie-in? ☐ Yes ☐ No

d) Does the applicant have mobile broadcasting equipment to keep broadcasting? ☐ Yes ☐ No

e) Is data periodically backed up? ☐ Yes ☐ No

f) Describe the contingency plans that are in place? (Note any generators, back up equipment, reciprocal agreements with other broadcasters, uninterrupted power supply etc. that are in place to minimize downtime.)

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**F. Special Events/Fundraisers: ☐ N/A**

(If any event has more than 100 attendees, please complete a separate Special Event/Fundraising Supplemental Application)

1. How many events do you hold annually? \_\_\_\_\_

How many do you sponsor? \_\_\_\_\_

How many do you organize and run? \_\_\_\_\_

2.

NAME & DESCRIPTION OF EVENT	DATE(S) OF EVENT	HOURS OF EVENT	# ATTENDEES	ALCOHOL SERVED? Y/N	CATERED? Y/N	# STAFF ON HAND STAFF/VOL

3. Are Certificates of Insurance obtained from all vendors and do they name you as Additional Insured on their General Liability Policy? (please provide copy of certificate insurance) ☐ Yes ☐ No

4. Describe your overall security measures for these events:

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**PANDEMIC AND COMMUNICABLE DISEASE**

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No

a. Do your procedures address:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| i. Staffing                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Training                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Personal protective equipment        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. Client care                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Vendors/visitors                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Internal & external communication     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Maintenance of premises and vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. CDC guidelines and recommendations  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b. Please provide a copy of your written procedures

2. Have you ever had to implement those procedures? ☐ Yes ☐ No

a. If yes, please provide details. \_\_\_\_\_

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## **DECLARATION AND SIGNATURE**

### **Authorized Entity Representative Designation**

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: \_\_\_\_\_

Title or position: \_\_\_\_\_ Date: \_\_\_\_\_

### **Attestation**

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

### **Signature of Authorized Entity Representative**

\_\_\_\_\_ Date \_\_\_\_\_

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