

Application For Transmission Failure Insurance

1. Name of Applicant: _____
2. Street & Mailing Address: _____

3. Applicant is a: Corporation Individual Other (Explain): _____

4. Business of the Insured: _____

5. Years in Business: _____ Under Present Name: _____

6. Affiliation with other Persons or Firms: _____

7. Describe Event(s) to be insured (i.e., Concert or Concert Tour, Sporting Event, etc.): _____

8. Location(s) and Date(s) of Specified Event(s): (Attach itinerary if lengthy event)

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9. Describe the ground equipment to be used, how many locations, and the age of the equipment:

| Description | Location | Age |
|-------------|----------|-----|
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10. Describe the satellite equipment to be used, its primary purpose, owner, lifespan of the satellite and what type of user you are: _____

TRANSMISSION FAILURE INSURANCE APPLICATION (Cont'd)

11. Is coverage also required for pre-emption coverage? Yes No If the answer is "yes," list all the networks and transmissions you wish to have covered: _____

12. Describe the number of downlinks and uplinks, where they are located, and the satellites involved: _____

13. Describe the number of transponders that are available on each satellite, and the contingency plan if a transponder goes down: _____

14. Please describe your contractual legal liability and your signal responsibility. Please draw a diagram if this would assist:

TRANSMISSION FAILURE INSURANCE APPLICATION (Cont'd)

15. Have all the necessary arrangements for the presentation of the scheduled event(s) been made by the Named Insured? Yes No Please explain: _____

16. Can and/or have arrangements been made to postpone and re-schedule the insured transmission(s) if cancellation is necessary due to a covered occurrence? Yes No Please describe: _____

17. In the event of a covered loss hereunder, indemnity is to be calculated on the following basis (please check applicable box):

The ascertained net loss of actual expense, cost, guarantees, irrevocable monetary commitments, including advertising, promotion and exploitation cost, licensing fees/income, and/or contracted professional performance fees or other remuneration which, prior to any loss, were paid or contracted in writing to be paid; or

The ascertained net loss of guarantees including merchandising guarantees and/or professional performance fees which, prior to any loss, were contracted in writing to be paid; or

The ascertained net loss of aborted costs and expenses and/or the additional or increased cost and expenses of rescheduling the Event(s) cancelled as a result of a contingency insured hereunder; or

The ascertained net loss of profits, which means those monies agreed under written contracts signed by the performer(s) and/or group(s) and the promoter(s) and/or sponsor(s) to be payable in advance to the performer(s) and/or group(s) plus the payable percentages of actual box office receipts at the time of a loss; or

The ascertained amount of actual refunds of advance ticket sales less any cost or expenses not incurred as a result of the cancellation, but in no event less than the ascertained net loss of actual loss expenses, cost, guarantees, irrevocable monetary commitments, including advertising, promotion and exploitation cost, and/or contracted professional performance fees or other remuneration which, prior to any loss, were paid or contracted in writing to be paid; or

Other (specify): _____

TRANSMISSION FAILURE INSURANCE APPLICATION (Cont'd)

18. List, individually, the amounts allocated or budgeted for the definition of indemnity selected above (Attach a copy of the budget if available): _____

19. Policy limit of liability desired:

\$ _____ Per Transmission

\$ _____ Per Week

\$ _____ Aggregate

20. Amount of deductible desired:

\$ _____ Aggregate

_____ % of each claim

_____ Number of minutes each claim

_____ Number of minutes each claim not to exceed ____ minutes in the aggregate

Other _____

21. Describe fully any contracted concurrent engagements and any engagements immediately following for the insured event(s): _____

22. Has the named insured entered into similar contracts/arrangements in the past? Yes No (please describe fully): _____

23. Describe fully all prior losses (insured or uninsured) of transmissions or pre-emptions scheduled for the insured person(s): _____

24. Desired Effective Date: _____ for a term of, or ending _____

29. THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

(a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.

(b) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of Applicant after execution or filing of this Application with the Insurer but before a Policy issues, Applicant must notify the Insurer immediately.

TRANSMISSION FAILURE INSURANCE APPLICATION (Cont'd)

(c) All exclusions in the Policy apply regardless of any answers or statements in this Application.

(d) Applicant understands that the limit of liability and deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____

NOTE: Please be sure to attach a complete schedule of projected budget costs & revenues, seating capacities, and a complete detail itinerary.

NOTE: The policy which may be issued contains an exclusion of pre-existing medical conditions of the insured person(s) and certain other exclusions and restrictions.