

**APPLICATION FOR COMMERCIAL RADIO & TELEVISION
TRANSMITTING AND RECEIVING EQUIPMENT**

Property Damage Form (With Optional Business Interruption Coverage)

Name of Applicant
University of Southern Indiana

Address(Street, Number, City, State, Zip Code)
8600 University Boulevard, Evansville, Indiana 47712

Insurance is wanted
attaching from October 19 1997 to October 19 1998

Give statement covering all losses (insured or uninsured) involving property listed below, with dates, nature of loss and amount.

Name of Previous Insurer	License Number	Expiration Date
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DATA - TOWER

1. Manufacturer's Name World Tower Company		2. Manufacturer's Type & Number 24" S.R. (solid rod)		
3. Height of Tower Feet 300	4. <input type="checkbox"/> Self-supporting <input checked="" type="checkbox"/> Guyed	5. Installed by World Tower	6. Year erected 1983	Original Cost 26,620

7. Designed for wind pressure
50 lbs. per sq. ft. or velocity of 119 M.P.H.

a. Is the tower used as an AM tower only or does it support FM and/or television antenna?

AM

b. If used to support FM or TV antenna, was the tower designed for this purpose? YES NO

If not, give details. _____

c. Is tower or antenna equipped with De-Icing Equipment? YES NO

8. Is the tower located on terrain appreciably higher than surrounding ground? YES NO

If so, give approximate details. _____

9. Distance center to center between legs at base
_____ feet 11'

10. Was tower designed in accordance with the requirements of the Electronic Industries Association (EIA) Standard RS-222C or the American National Standards Institute (ANSI) standard A58.1?
 Yes No

11. Is lightning protection provided? YES NO If "Yes", describe protection.

12. Is maintenance contract in force? YES NO

a. What items are inspected by the maintenance company and how often?

b. Name of maintenance company.

13. Modifications of tower, e.g., structural integrity

None

a. Have any modifications been made to the original tower?

b. If modifications have been made, list dates and modifications made below:

c. Was a tower consultant obtained to verify that, after modifications, the tower still maintained structural integrity?

Yes No

d. Name of the tower consultant.

DATA - ANTENNA

14. Make and type Tower and Antenna - Same	15. Height antenna extends above top of tower N/A
16. Total wind load on antenna which will be exerted by a true wind speed of 90 mph _____ 110 mph _____	17. What wind pressure is the antenna itself designated to sustain? _____ 50 _____ lbs. per sq. ft.
18. Standard or high intensity lightning? If standard, indicate width of markings. 3 feet apart + beacon	Are they in accordance with FCC & FAA requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

19. Exposure

a. Are there any trees or other structures within a radius of 500 feet? Yes No
 If "Yes", describe. Tower building at base (wooden structure); sparse, deciduous trees

b. Is tower bordered by forest or areas with combustible vegetation? Yes No
 If "Yes", is a fire break maintained around tower? Yes No

c. Is area subject to floods? Yes No

d. Is tower within 2 miles of an airport or within the areas used by scheduled air lines? Yes No
 If "Yes", describe. _____

e. Is tower fenced (type of fence) or provided with surveillance equipment? Yes No

f. Are tower(s) in an earthquake zone? Yes No
 Are tower(s) and foundation specially designed to withstand a severe shock? Yes No

Attach rough diagram of tower and indicate distance from other buildings or exposures. Furnish blueprints and photographs, if available.

AMOUNT, DESCRIPTION AND LOCATION OF PROPERTY AS SCHEDULED BELOW

20a. Tower and Antenna (including antennae and all other appurtenances attached thereto): \$ 42,000 _____ at <u>Bluff Lane and Clark</u> _____ \$ _____ at _____	b. Transmitting and Receiving Equipment generally housed at: \$ 5,000 _____ on _____ _____ at _____ \$ _____ on _____ _____ at _____ \$ _____ on _____ _____ at _____
c. Movable or Portable Radio and Television Transmitting, Receiving, and Recording Equipment: \$ _____ on <u>None</u> _____ at _____	d. Contents of Mobile Unit(s) generally garaged when not in use: \$ <u>None</u> _____ on _____ _____ at _____

e. Business Interruption

1. Amount of Insurance desired. \$ <u>None</u>	2. Indicate Deductible or Waiting Period desired _____ hours _____	3. Indicate coinsurance percentage _____ %
4. Indicate gross receipts from radio television operations for previous 12 mos. \$ <u>None</u>	5. Indicate gross receipts from radio television operations, anticipated in next 12 mos. \$ _____	

21. Buildings and other equipment (against collapse only, by perils other than Fire and Extended Coverage).

Location #1 Situated: No Location #2 Situated: _____

22. Other Information: _____

23. Contents Fire and EC Rates (80% Coins) at each building where property is permanently situated.

FIRE: Location 1 _____ at _____
 _____ 2 _____ at _____

EC: Location 1 _____ at _____
 _____ 2 _____ at _____

Application submitted by: date	Agent
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APPLICATION FOR COMMERCIAL RADIO & TELEVISION TRANSMITTING AND RECEIVING EQUIPMENT

Property Damage Form (With Optional Business Interruption Coverage)

Name of Applicant University of Southern Indiana		
Address (Street, P.O. Box, Zip Code) 8600 University Boulevard, Evansville, Indiana 47712		
Insurance is wanted attaching from <u>October 19, 1997</u>	to <u>October 19, 1998</u>	
Give statement covering all losses (insured or uninsured) involving property listed below, with dates, nature of loss and amount.		
Name of Previous Insurer	License Number	Expiration Date

DATA - TOWER

1. Manufacturer's Name World Tower Company		2. Manufacturer's Type & Number 24" S.S. (solid rod)	
3. Height of Tower Feet 300	4. Self-supporting <input checked="" type="checkbox"/> Guyed	5. Installed by World Tower	6. Year erected Original Cost 1983 26,620
7. Designed for wind pressure 50 lbs. per sq. ft. or velocity of 112 M.P.H.			
a. Is the tower used as an AM tower only or does it support FM and/or television antenna? <input checked="" type="checkbox"/> AM			
b. If used to support FM or TV antenna, was the tower designed for this purpose? _YES _NO If not, give details.			
c. Is tower or antenna equipped with De-Icing Equipment? _YES <input checked="" type="checkbox"/> NO			
8. Is the tower located on terrain appreciably higher than surrounding ground? YES <input checked="" type="checkbox"/> NO If so, give approximate details.			
9. Distance center to center between legs at base _____ feet 11'	10. Was tower designed in accordance with the requirements of the Electronic Industries Association (EIA) Standard RS-222C or the American National Standards Institute (ANSI) standard A58.1? <input checked="" type="checkbox"/> Yes _No		
11. Is lightning protection provided? <input checked="" type="checkbox"/> YES _ NO If "Yes", describe protection.			
12. Is maintenance contract in force? _YES <input checked="" type="checkbox"/> NO			
a. What items are inspected by the maintenance company and how often? b. Name of maintenance company.			
13. Modifications of tower, e.g., structural integrity None			
a. Have any modifications been made to the original tower? b. If modifications have been made, list dates and modifications made below: c. Was a tower consultant obtained to verify that, after modifications, the tower still maintained structural integrity? _Yes _No d. Name of the tower consultant.			

DATA - ANTENNA

14. Make and type Tower and Antenna - Same	15. Height antenna extends above top of tower N/A
16. Total wind load on antenna which will be exerted by a true wind speed of 90 mph 110 mph	17. What wind pressure is the antenna itself designated to sustain? 50 lbs. per sq. ft.
18. Standard or high intensity lightning? If standard, indicate width of markings. 3 feet apart + beacon	Are they in accordance with FCC & FAA requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Exposure a. Are there any trees or other structures within a radius of 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe. <u>Towers building at base (wooden structure); sparse deciduous trees</u> b. Is tower bordered by forest or areas with combustible vegetation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", is a fire break maintained around tower? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. Is area subject to floods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Is tower within 2 miles of an airport or within the areas used by scheduled air lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", describe. e. Is tower fenced (type of fence) or provided with surveillance equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No f. Are tower(s) in an earthquake zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are tower(s) and foundation specially designed to withstand a severe shock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Attach rough diagram of tower and indicate distance from other buildings or exposures. Furnish blueprints and photographs, if available.	

AMOUNT, DESCRIPTION AND LOCATION OF PROPERTY AS SCHEDULED BELOW

20a. Tower and Antenna (including antennae and all other appurtenances attached thereto): \$42,000 at <u>Bluff Lane and Clark</u>	b. Transmitting and Receiving Equipment generally housed at: \$5,000 on
c. Movable or Portable Radio and Television Transmitting, Receiving, and Recording Equipment: None	d. Contents of Mobile Unit(s) generally garaged when not in use: None
e. Business Interruption 1. Amount of insurance desired. <u>\$ None</u> 2. Indicate Deductible or Waiting Period desired <u>_____</u> hours <u>_____</u> % 3. Indicate coinsurance percentage 4. Indicate gross receipts from radio television previous 12 mos. <u>\$ None</u> 5. Indicate gross receipts from radio television operations, anticipated in next 12 mos; \$ <u>_____</u> operations for	
21. Buildings and other equipment (against collapse only, by perils other than Fire and Extended Coverage). Location #1 Situated: <u>No</u> Location #2 Situated: <u>_____</u>	
22. Other Information: <u>_____</u>	
23. Contents Fire and EC Rates (80% Coins) at each building where property is permanently situated. FIRE: Location 1 <u>_____</u> at <u>_____</u> 2 <u>_____</u> at <u>_____</u> EC: Location 1 <u>_____</u> at <u>_____</u> 2 <u>_____</u> at <u>_____</u>	
Application submitted by: date	Agent

APPLICATION FOR COMMERCIAL RADIO & TELEVISION TRANSMITTING AND RECEIVING EQUIPMENT

Property Damage Form (With Optional Business Interruption Coverage)

Name of Applicant University of Southern Indiana

University of Southern Indiana		
Address(Street, Number, City, State, Zip Code) 8600 University Boulevard, Evansville, Indiana 47712		
Insurance is wanted attaching from <u>October 19 19 97</u>	to <u>October 19 19 98</u>	
Give statement covering all losses (insured or uninsured) involving property listed below, with dates, nature of loss and amount.		
Name of Previous Insurer	License Number	Expiration Date

DATA - TOWER

1. Manufacturer's Name PIROD Tower Company		2. Manufacturer's Type & Number 24" S.R. (solid rod)		
3. Height of Tower Feet 120	4. Self-supporting <input checked="" type="checkbox"/> Guyed	5. Installed by PIROD Tower Company	6. Year erected 1983	Original Cost 26,620
7. Designed for wind pressure <u>50</u> lbs. per sq. ft. or velocity of <u>119</u> M.P.H. a. Is the tower used as an AM tower only or does it support FM and/or television antenna? <u>AM & tv</u> b. If used to support FM or TV antenna, was the tower designed for this purpose? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If not, give details. c. Is tower or antenna equipped with De-Icing Equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
8. Is the tower located on terrain appreciably higher than surrounding ground? YES <input checked="" type="checkbox"/> NO If so, give approximate details.				
9. Distance center to center between legs at base <u>4.5</u> feet		10. Was tower designed in accordance with the requirements of the Electronic Industries Association (EIA) Standard RS-222C or the American National Standards Institute (ANSI) standard A58.1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. Is lightning protection provided? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", describe protection.				
12. Is maintenance contract in force? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO a. What items are inspected by the maintenance company and how often? b. Name of maintenance company.				
13. Modifications of tower, e.g., structural integrity <u>None</u> a. Have any modifications been made to the original tower? b. If modifications have been made, list dates and modifications made below: c. Was a tower consultant obtained to verify that, after modifications, the tower still maintained structural integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Name of the tower consultant.				

DATA - ANTENNA

14. Make and type Tower and Antenna - Same	15. Height antenna extends above top of tower N/A
16. Total wind load on antenna which will be exerted by a true wind speed of 90 mph ____ 110 mph ____	17. What wind pressure is the antenna itself designated to sustain? 50 lbs. per sq. ft.
18. Standard or high intensity lightning? If standard, indicate width of markings. 3 feet apart + beacon.	Are they in accordance with FCC & FAA requirements? _Yes <input checked="" type="checkbox"/> No
19. Exposure a. Are there any trees or other structures within a radius of 500 feet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe. b. Is tower bordered by forest or areas with combustible vegetation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", is a fire break maintained around tower? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. Is area subject to floods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Is tower within 2 miles of an airport or within the areas used by scheduled air lines? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", describe. e. Is tower fenced (type of fence) or provided with surveillance equipment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * f. Are tower(s) in an earthquake zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are tower(s) and foundation specially designed to withstand a severe shock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Attached to Tech Center	
Attach rough diagram of tower and indicate distance from other buildings or exposures. Furnish blueprints and photographs, if available.	

AMOUNT, DESCRIPTION AND LOCATION OF PROPERTY AS SCHEDULED BELOW

20a. Tower and Antenna (including antennae and all other appurtenances attached thereto): \$ 45,000 at Technology Center	b. Transmitting and Receiving Equipment generally housed at: \$ 2,000 on
c. Movable or Portable Radio and Television Transmitting, Receiving, and Recording Equipment: None	d. Contents of Mobile Unit(s) generally garaged when not in use: None
e. Business Interruption 1. Amount of Insurance desired. <input type="checkbox"/> None 2. Indicate Deductible or Waiting Period desired ____ hours ____ 3. Indicate coinsurance percentage ____ % 4. Indicate gross receipts from radio television previous 12 mos. \$ None 5. Indicate gross receipts from radio television operations, operations for anticipated in next 12 mos. \$ _____	
21. Buildings and other equipment (against collapse only, by perils other than Fire and Extended Coverage). Location #1 Situated: _____ Location #2 Situated: _____ No _____	
22. Other Information: _____	
23. Contents Fire and EC Rates (90% Coins) at each building where property is permanently situated. FIRE: Location 1 _____ at _____ 2 _____ at _____ EC: Location 1 _____ at _____ 2 _____ at _____	
Application submitted by: date	Agent