



# Radio and Television Tower Supplemental Application

## APPLICANT INFORMATION

NAMED INSURED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

## UNDERWRITING INFORMATION

- |   |  |
|---|--|
| <p>1. What is the age of the tower? _____</p> <p>2. What is the height of the tower? _____</p> <p>3. Who is the manufacturer of the tower?<br/>_____</p> <p>4. Who maintains the tower?<br/>_____</p> <p>5. What type of lightning protection does it have:<br/> <input type="checkbox"/> lightning arrestor/spark gap<br/> <input type="checkbox"/> ground network/rods<br/> <input type="checkbox"/> lightning umbrella</p> <p>6. Is the tower guyed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is the tower self-supporting? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have there been any modifications to the tower since it was originally designed and constructed?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, please explain:<br/>_____<br/>_____<br/>_____</p> | <p>9. Has the tower ever been dismantled and re-erected?<br/>..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, please explain:<br/>_____<br/>_____</p> <p>10. Is the tower regularly inspected? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If yes, how often and by whom:<br/>_____<br/>_____<br/>_____</p> <p>11. Is there a fence surrounding the tower? .... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Are any of the towers located within 500 feet of commercial or residential buildings? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Is tower/antenna equipped with a deicing system? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.  
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

|                              |      |                                       |      |
|------------------------------|------|---------------------------------------|------|
| _____                        |      | _____                                 |      |
| Owner or Officer's Name      |      | Agent's Name                          |      |
| _____                        |      | _____                                 |      |
| Title                        |      | Agent's Signature                     | Date |
| _____                        |      | _____                                 |      |
| Owner or Officer's Signature | Date | Expiring Policy Number, If Applicable |      |