

TOWER SUPPLEMENTAL APPLICATION – Complete this page for **EACH TOWER** to be insured.

Insured: _____ Station/Call Letters: _____
Address: _____ Site Address: _____
Type of Operation: _____ (Incl. City, St & County): _____

SITE INFORMATION

Site: _____ Terrain: _____ Base Ground Elevation: _____ / _____ FT

Describe proximity to other structures or buildings: _____

Site Attended: Yes No How Many Hours per Day: _____ Is Site Fenced: Yes No

Describe Security Safeguards
(Incl. fencing lighting watchmen): _____

TOWER DESIGN & CHARACTERISTICS

Year Erected: _____ Height: _____ (ft) Incl. Antenna: _____ (ft) Type: _____

Designed By: _____ Manufactured By: _____ Modified or Moved: Yes No

Tower Value: _____ Value of Tower Attachments: _____ Attachments consist of: _____

Is Tower Space Leased: Yes No Is Space Leased to Others: Yes No

Max. Wind Load for which Tower was Designed: _____ Specs Used in Design (EIA Standard): _____

Design Allowances Made for Ice: _____

Design Allowances for Earthquake: _____

SPECIAL HAZARDS

How Far is the Nearest Airport: _____ Does Lighting & Marking Conform to Regulations: Yes No

Describe Lightning Protection Equipment: _____

Describe Deicing Equipment: _____

MAINTENANCE

Date of Last Professional Structural Inspection: _____ (Please enclose a copy of the most recent report).

Describe Tower Inspection

& Maintenance Program: _____

Is area around towers and guys (if applicable) kept clear of vegetation and combustibles? Yes No

Evidence of Rust or Corrosion: Yes No Maintenance Log Current Yes No

