

# ACORD COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C. No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.					
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE		PROPOSED EXP DATE		BILLING PLAN		PAYMENT PLAN		AUDIT	
CHANGE	DATE	TIME		AM		DIRECT BILL					
CANCEL				PM		AGENCY BILL					

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)									
		PHONE (A/C. No. Ext):											
E-MAIL ADDRESS(ES):				WEBSITE ADDRESS(ES):									
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LIMITED LIAB CORP	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	DATE BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG	<input type="checkbox"/>	NO. OF MEMBERS AND MANAGERS						
INSPECTION CONTACT		PHONE (A/C. No. Ext):		ACCOUNTING RECORDS CONTACT				PHONE (A/C. No. Ext):					

### PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

### NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
4. ANY CATASTROPHE EXPOSURE?			11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)					

### REMARKS/PROCESSING INSTRUCTIONS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

<b>REMARKS</b>	<b>NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY</b>	<b>ATTACHMENTS</b>
	STATE SUPPLEMENT(S) (If applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# ACORD<sup>TM</sup> COMMERCIAL GENERAL LIABILITY SECTION

DATE

<b>PRODUCER</b>	PHONE (A/C, No, Ext):	<b>APPLICANT</b> (First Named Insured)			
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
		AUDIT			
<b>CODE:</b>		<b>FOR COMPANY USE ONLY</b>			
<b>SUB CODE:</b>					
<b>AGENCY CUSTOMER ID:</b>					

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>GENERAL AGGREGATE</b> \$	<b>PREMISES/OPERATIONS</b>
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$	
<input type="checkbox"/> <b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	<b>PERSONAL &amp; ADVERTISING INJURY</b> \$	<b>PRODUCTS</b>
	<b>EACH OCCURRENCE</b> \$	
<b>DEDUCTIBLES</b>	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$	<b>OTHER</b>
<input type="checkbox"/> PROPERTY DAMAGE \$	<b>MEDICAL EXPENSE (Any one person)</b> \$	
<input type="checkbox"/> BODILY INJURY \$	<b>EMPLOYEE BENEFITS</b> \$	
		<b>TOTAL</b>
<b>OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)</b>		

## SCHEDULE OF HAZARDS

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT      (M) ADMISSIONS - PER 1,000/ADM      (T) OTHER

<b>CLAIMS MADE (Explain all "Yes" responses)</b>	<b>EMPLOYEE BENEFITS LIABILITY</b>
1. PROPOSED RETROACTIVE DATE:	1. DEDUCTIBLE PER CLAIM: \$
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV:	2. NUMBER OF EMPLOYEES:
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
	4. RETROACTIVE DATE:
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	
REMARKS	REMARKS

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							

REMARKS

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# ACORD <sup>TM</sup> PROPERTY SECTION

DATE (MM/DD/YYYY)

<b>PRODUCER</b>	PHONE (A/C, No, Ext):	<b>APPLICANT</b> (First Named Insured)				
	FAX (A/C, No):					
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN	AUDIT
		<b>FOR COMPANY USE ONLY</b>				
<b>CODE:</b>		<b>SUB CODE:</b>				
<b>AGENCY CUSTOMER ID:</b>						

<b>PREMISES INFORMATION</b>		PREMISES #:	BUILDING #:	STREET ADDRESS:				
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

<b>ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE</b>				<b>BUSINESS INCOME W/O EXTRA EXPENSE</b>		<b>EXTRA EXPENSE</b>		
<b>TYPE OF BUSINESS</b>	<b>ORDINARY PAYROLL</b>		<b>POWER/HEAT</b>	<b>EXT PERIOD</b>	<b>TUITION FEES</b>	<b>OFF PREM POWER</b>		<b>DEPEND PROP</b>
<input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	\$ _____ DED 90 DAYS 180 DAYS \$ _____	_____ DAYS ELEC MEDIA _____ DAYS ORD OR LAW _____ DAYS	_____ DAYS MO PERIOD _____ LIMIT MAX PERIOD _____	\$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	_____ % COIN CONT LOC REC LOC MFG LOC LDR LOC (DESCR BELOW)	

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>		EXTRA EXPENSE _____ DAYS PERIOD REST
		LIMIT LOSS PAY _____% _____% _____% _____%

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
<b>BUILDING IMPROVEMENTS</b>			<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>		<b>OTHER OCCUPANCIES</b>			
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<input type="checkbox"/> HEATING, YR:	<b>WIND CLASS</b>		HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> ROOFING, YR:			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> OTHER	IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>RIGHT EXPOSURE &amp; DISTANCE</b>			<b>LEFT EXPOSURE &amp; DISTANCE</b>			<b>REAR EXPOSURE &amp; DISTANCE</b>				
<b>BURGLAR ALARM TYPE</b>			<b>CERTIFICATE #</b>		<b>EXPIRATION DATE</b>		<b>EXTENT</b>	<b>GRADE</b>	CENTRAL STATION WITH KEYS	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>							<b># GUARDS/WATCHMEN</b>		CLOCK HOURLY	
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)</b>				<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>				CENTRAL STATION	LOCAL GONG

<b>ADDITIONAL INTERESTS</b>					
<b>RANK:</b>	NAME AND ADDRESS	<b>EVIDENCE</b>	<b>RANK:</b>	NAME AND ADDRESS	<b>EVIDENCE</b>
<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	<input type="checkbox"/> INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY

<b>VALUE REPORTING INFORMATION</b>					
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS		<b>PREMISES/BUILDING</b>	<b>ANY OTHER LOCATION DECLARED AT INCEPTION</b>	<b>ANY OTHER LOCATION ACQUIRED AFTER INCEPTION</b>	<b>PREMISES NOT OWNED OR ACQUIRED LIMIT</b>
SUBJECT OF INSURANCE					

**PREMISES INFORMATION**

PREMISES #:	BUILDING #:	STREET ADDRESS:
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SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLANKET COVERAGE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION - BUSINESS INCOME/EXTRA EXPENSE				BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
<b>TYPE OF BUSINESS</b> <input type="checkbox"/> NON MFG <input type="checkbox"/> MFG <input type="checkbox"/> MINING _____ % COINS	<b>ORDINARY PAYROLL</b> <input type="checkbox"/> EXCL <input type="checkbox"/> INCL <input type="checkbox"/> 90 DAYS <input type="checkbox"/> 180 DAYS \$ _____	<b>POWER/HEAT</b> \$ _____ DED <b>ELEC MEDIA</b> _____ DAYS <b>ORD OR LAW</b> _____ DAYS	<b>EXT PERIOD</b> _____ DAYS <b>MO PERIOD</b> _____ LIMIT <b>MAX PERIOD</b> _____ DAYS	<b>TUITION FEES</b> \$ _____ STUDENTS \$ _____ OTHER ED SERV/INC	<b>OFF PREM POWER</b> <input type="checkbox"/> POWER <input type="checkbox"/> WATER <input type="checkbox"/> COMM (DESCR BELOW)	<b>DEPEND PROP</b> _____ % COIN <input type="checkbox"/> CONT LOC <input type="checkbox"/> REC LOC <input type="checkbox"/> MFG LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)	

<b>NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP</b>	<input type="checkbox"/> EXTRA EXPENSE _____ DAYS PERIOD REST <input type="checkbox"/> LIMIT LOSS PAY _____% _____% _____% _____%
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**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
<b>BUILDING IMPROVEMENTS</b> <input type="checkbox"/> WIRING, YR: _____ <input type="checkbox"/> ROOFING, YR: _____ <input type="checkbox"/> OTHER: _____			BLDG CODE GRADE _____ TAX CODE _____ ROOF TYPE _____ <b>WIND CLASS</b> <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER	<b>OTHER OCCUPANCIES</b> HEATING BOILER ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						# GUARDS/WATCHMEN		CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, <del>CO</del> Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION	LOCAL GONG	

ADDITIONAL INTERESTS					
RANK:	NAME AND ADDRESS	EVIDENCE	RANK:	NAME AND ADDRESS	EVIDENCE
INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY	INTEREST		<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY
<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE			<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

VALUE REPORTING INFORMATION				
REPORTING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS	PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE				

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; In DC, LA, ME and VA, insurance benefits may also be denied)



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

## FILM PRODUCTION SUPPLEMENTAL APPLICATION

Annual Productions, D.I.C.E. Annual Programs or Film Schools

### SUBMISSION REQUIREMENTS

- ACORD applications for all lines requested except Inland Marine, General Liability and Hired/Non-Owned Auto
- Synopsis of each production to be scheduled herein
- Financial statement (Annual term or multiple production policies)
- Currently valued loss runs for the current policy period plus three (3) prior years

### SECTION I - GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_

2. Street and Mailing Address: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: www. \_\_\_\_\_

3. Applicant is a:  Corporation  Individual  Partnership  
 Other (explain): \_\_\_\_\_

4. Owner's Name and Title: \_\_\_\_\_

Risk Management Contact: \_\_\_\_\_ Risk Management's Phone: \_\_\_\_\_

Risk Management Email: \_\_\_\_\_

5. Applicant's experience in the business: \_\_\_\_\_ years

6. Year business was established: \_\_\_\_\_

7. Type of productions and percentage of activity:

Music Video	_____ %	2 <sup>nd</sup> Unit Filming	_____ %	Industrial	_____ %
Commercials	_____ %	Travel Logs	_____ %	CD Rom	_____ %
Computer Effects	_____ %	Exercise Videos	_____ %	Animation	_____ %
Infomercials	_____ %	Still Shots	_____ %	Other:	_____ %

Other documentaries/infomercials, please describe in detail:

8. Name three of the Applicant's major productions or your last three productions:

\_\_\_\_\_

9. Number of productions completed in the previous year:

\_\_\_\_\_

10. Number of anticipated productions for upcoming 12 months by category (if any):

Commercial/Promotional/Sales Video	_____	Pre/Post-Production	_____
Editing/Trailer	_____	PSA/Public Access Program	_____
Educational/Instructional/Training	_____	Reality Based TV Show	_____
Industrial/Corporate Video	_____	SAG Production	_____
Infomercial	_____	Short Film	_____
Miscellaneous Productions	_____	Spec Production	_____
Photography Shoot	_____	TV Pilot/Series/Specials	_____

11. Does the Applicant distribute any of the items in question 7 above?  Yes  No  
If yes, please describe and provide annual receipts:

\_\_\_\_\_

\$ \_\_\_\_\_

12. Does the Applicant own or use any drones, UAV's (unmanned aerial vehicles), or remote controlled aerial devices?  Yes  No

13. Previous insurer and policy number: \_\_\_\_\_

14. Does the Applicant co-produce projects with independent producers?  Yes  No  
**If yes, please provide a sample copy of co-production agreements. Note: all co-productions require prior approval from the carrier.**

**SECTION II - GENERAL LIABILITY**

1. Name and description of production(s) for which coverage is requested:

\_\_\_\_\_

2. Start date of production(s): \_\_\_\_\_  
End date of production(s): \_\_\_\_\_

3. Percentage of location filming: \_\_\_\_\_% Percentage of studio filming: \_\_\_\_\_%

4. Gross Production Cost: \$ \_\_\_\_\_

5. Payroll: Crew: \$ \_\_\_\_\_ Cast: \$ \_\_\_\_\_

6. Does the Applicant use independent contractors for your productions?  Yes  No  
If yes, does the Applicant require certificates of insurance with limits of \$1,000,000 or greater with the Applicant named as additional insured?  Yes  No  
Total cost of independent contractors: \$ \_\_\_\_\_



7. Has any form of insurance ever been cancelled or declined?  Yes  No  
 If yes, please explain:

8. **Stunts, hazards, and special effects:**  
 If the Applicant ever becomes involved in any of the below (\*), please notify us immediately and provide the following (A-D):

- |  |                            |                           |
|--|----------------------------|---------------------------|
| * Use of watercraft                        | * Underwater filming       | * Filming near/on water   |
| * Use of trains or railroads               | * Use of animals           | * Use of pyrotechnics     |
| * Expensive antiques or autos              | * Auto chase scenes        | * Auto crash scenes       |
| * Other dangerous auto scenes              | * Filming above fifty feet | * Underground filming     |
| * Use of aircraft, helicopters or balloons |                            | * Other stunts or hazards |

- A. Description of the scene and storyboard.  
 B. Details on where and how the scene will be performed.  
 C. Details of all safety features put in place to protect people and property.  
 D. Name and telephone number of stunt and special effects coordinator.  
*(Additional information may be requested at a later date.)*

**NOTE: Use of animals, stunts, dangerous auto scenes, crashes or in air use of aircraft, helicopters, or balloons are excluded from film productions policies. Coverage can only be considered if operated by insured independent contractors. Please provide details and certificates of insurance from sub-contractors with limits not less than \$1,000,000 and naming our insured as an Additional insured.**

9. Will children (under age 18) be included in the production?  Yes  No  
 If yes, please provide ages and describe scenes in which they will be participating:

If yes and Abuse & Molestation coverage is requested, please complete the following:

- Are the child's parents or legal guardian(s) required to be on-set when the child actor is present?  Yes  No  
 Does the Applicant's state allow criminal background checks?  Yes  No  
 If yes, does the Applicant perform background checks on all persons prior to hiring?  Yes  No  
 Does the Applicant verify employment references for employees?  Yes  No  
 Does the Applicant have formal procedures for supervision of employees?  Yes  No  
 Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made?  Yes  No  
 Has the Applicant had any incidents resulting in allegation of sexual abuse?  Yes  No  
 If yes, provide details:

**SECTION III - INLAND MARINE**

**Notes:** Schedule required for individual items valued in excess of \$25,000.

1. Film Coverage – does the Applicant require coverage for damaged film or media?  Yes  No

	LIMIT OF LIABILITY	DEDUCTIBLES
2. Owned cameras and camera equipment (Minimum deductible \$2,500)	\$	\$
Props, sets and wardrobe	\$	\$
Fine arts, jewelry, etc.	\$	\$
Extra expense	\$	\$
Third Party Property Damage	\$	\$
Miscellaneous Equipment (Minimum deductible \$1,000)		
Rented	\$	\$
Borrowed	\$	\$
Electronic Data Processing		
Hardware	\$	\$
Software	\$	\$
Extra expense	\$	\$
Negative/Video/Sound/Disc	\$	\$
Faulty processing	\$	\$

3. Negative/faulty coverage  
 Film: 35mm: \_\_\_\_\_%    Film: 16 mm: \_\_\_\_\_%    Film: 70 mm: \_\_\_\_\_%    Video: \_\_\_\_\_%  
 Disc: \_\_\_\_\_%    CD-ROM: \_\_\_\_\_%    3D: \_\_\_\_\_%    Other: \_\_\_\_\_%  
 Will the Applicant be using any specialized computer programs to create any images or effects?  Yes  No  
 If yes please explain and give the name of the software and provide values:

\_\_\_\_\_  
 Name and address of the lab/studio performing the effects:

\_\_\_\_\_  
 Name and address of processing/post laboratory:

4. Security controls for equipment while on set or on location: \_\_\_\_\_

Is there a private firm or security employees guarding equipment while on site?     Hired     Employed  
 If hired, please provide cost and attach certificate of insurance:    \$ \_\_\_\_\_  
 If employed, please provide payroll:    \$ \_\_\_\_\_

5. Is equipment inventory checked at the end of each shooting day?  Yes  No

6. Is Worldwide Coverage needed?  Yes  No  
**(\*\*This coverage is meant for *brief* filming / photography operations only)**  
 a. In which countries will filming operations take place? \_\_\_\_\_  
 b. How long will the shoots be (i.e. two days, one week, etc.)? \_\_\_\_\_  
 c. How many times will they go to this country in one year? \_\_\_\_\_  
 d. What productions will they be producing? \_\_\_\_\_

**SECTION IV - HIRED & NON-OWNED AUTO**

1. Does the Applicant allow employees to use their own personal vehicles for your business?  Yes  No  
 If yes, how many employees use their own personal vehicle: \_\_\_\_\_  
 If yes, how often: \_\_\_\_\_  
**NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.**
2. Does the Applicant obtain Motor Vehicle Reports?  Yes  No  
 If yes, how often: \_\_\_\_\_
3. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?  Yes  No  
 If yes, what minimum limits are required: \$ \_\_\_\_\_
4. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ \_\_\_\_\_
5. Is hired auto physical damage required?  Yes  No  
 If yes, what is the maximum value of hired vehicle you would like insured: \$ \_\_\_\_\_  
 NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision if coverage is requested.

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW YORK:** 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE) \_\_\_\_\_

TITLE \_\_\_\_\_

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE \_\_\_\_\_



DATE \_\_\_\_\_

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER \_\_\_\_\_

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY \_\_\_\_\_

PRODUCER LICENSE NUMBER \_\_\_\_\_

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_



## PHOTOGRAPHERS/VIDEOGRAPHERS APPLICATION

### GENERAL INFORMATION

1. Applicant Name: \_\_\_\_\_  
Name of Studio: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Website: www. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Risk Management Contact: \_\_\_\_\_ Risk Management's Phone: \_\_\_\_\_  
Risk Management Email: \_\_\_\_\_
3. Applicant is a:  Corporation  Individual  Partnership  
 Other (explain): \_\_\_\_\_
4. Applicant's experience in the business: \_\_\_\_\_ Years
5. Year business was established: \_\_\_\_\_
6. Applicant's work is primarily:  Photographer  Videographer
7. Gross Revenue: \$ \_\_\_\_\_
8. Payroll: Applicant: \$ \_\_\_\_\_ Employees, if any: \$ \_\_\_\_\_
9. Does Applicant use any drones, UAV's (unmanned aerial vehicles), or remote controlled aerial devices in their operations?  Yes  No  
If yes, please explain:  
\_\_\_\_\_
10. Previous Insurer and policy number: \_\_\_\_\_
11. Has the Applicant had any claims (occurring, not just paid) in the past three years?  Yes  No  
If yes, please describe including date occurring and amounts paid:  
\_\_\_\_\_
12. Has any form of insurance ever been cancelled or declined?  Yes  No  
If yes, please explain:  
\_\_\_\_\_
13. Is worldwide coverage required?  Yes  No
  - a. In which countries will filming operations take place? \_\_\_\_\_
  - b. How long will the shoots be? (i.e. two days, one week, etc.) \_\_\_\_\_
  - c. How many times will the Applicant go to this country in one year? \_\_\_\_\_
  - d. What productions will the Applicant be producing? \_\_\_\_\_

**SECTION II – INLAND MARINE**

	<b>Coverage</b>	<b>Limit</b>
1.	Cameras and camera equipment	\$
2.	Computers	\$
3.	Miscellaneous Equipment including rented, borrowed or equipment other than cameras (i.e. lighting, stands, etc.)	\$

**SECTION III - CRIME**

	<b>Coverage</b>	<b>Limit</b>
1.	Employee Dishonesty	\$
2.	Forgery and Alteration	\$
3.	Money and Securities – Inside	\$
4.	Money and Securities – Outside	\$

**SECTION IV - HIRED & NON-OWNED AUTO**

**NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.**

1. Does the Applicant wish to add hired and non-owned auto coverage?  Yes  No
2. Is hired auto physical damage required?  Yes  No  
 If yes, what is the maximum value of hired vehicle Applicant would like insured: \$\_\_\_\_\_
- NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.
3. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$\_\_\_\_\_
4. Does the Applicant allow employees to use their own personal vehicles for its business?  Yes  No  
 If yes, how many employees use their own personal vehicle: \_\_\_\_\_



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The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

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SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER  
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