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GENERAL APPLICATION
BUSINESS OWNERS ENTERTAINMENT PACKAGE
Liability and Property Coverage

This General Application must be completed by all applicants.

Name of Applicant: _____

Street and Mailing Address: _____

Applicant is a: Corporation LLC Individual Partnership Other

If Other, Please Explain: _____

Are you an ICIA member? Yes No

Is Coverage desired for more than one Named Insured?

If yes, please provide their Name, Address, their relationship to the Applicant, and their percentage of ownership, if any. Please include all subsidiaries. Use the space below:

Number of Years this Facility has been:

Operating: _____ Owned by Present Owners: _____ Managed by Present Management: _____

Phone #: _____ Fax #: _____

Email Address: _____ Website: _____

Please describe your Business Operations. Please be as accurate as possible, your coverage may be affected by this:

Is Applicant engaged in any business or profession other than described above? _____

If yes, please explain: _____

BUSINESS OWNERS ENTERTAINMENT PACKAGE INSURANCE Cont.

If Coverage is desired for Additional Insureds, please list the name of each, the type of entity (LLC, Corp), and their relationship to the Applicant:

Desired Effective Date: _____ Expiration Date: _____ Retroactive Date: _____

BUILDING EXPOSURES (Property)

If you have Multiple Locations, please Submit an SSV, and the following information for each location on a Separate piece of paper.

Location of Property to be Insured: _____

Please provide Replacement Cost Limits for the Following:

Business Personal Property: _____

Business Interruption/Extra Expense: _____

Electronic Data Processing Property: _____

Square Footage: _____

Premise Exposure:

- Construction Type: Non-Combustible Masonry Frame
 Fire Resistive Joisted Masonry

If Other, Please Describe: _____

Occupancy: We are the Sole Occupants

If Shared, Others are: Manufacturers Office Retail or Wholesale

If Other, Please Describe: _____

Protection (Check, if yes, all of the Applicable Alarm and Protection Systems):

Smoke Battery Central Station Local Hard-Wired

Fire Battery Central Station Local Hard-Wired

Burglary Battery Central Station Local Hard-Wired

Who is the Manufacturer? _____

Sprinkler Protection Class (Number): _____

Neighborhood (Check all that Apply): Residential Office Mixed
 Suburban Rural Urban

BUSINESS OWNERS ENTERTAINMENT PACKAGE INSURANCE Cont.

What is to the *Left* of the building? _____

What is to the *Right* of the building? _____

What is to the *Rear* of the building? _____

EQUIPMENT FEATURES

Inventory Control (Check all that Apply):

- All equipment is registered in an automated inventory system
- Equipment is locked up when on premises
- We Occasionally rent our equipment to third parties
- When we rent our equipment, we always use a contract that transfers the responsibility for loss, damage, or theft to the rentee
- We run a credit card for all rented equipment
- We never rent or lease our equipment to a third party

Transportation (Check all that Apply):

- We always transport our own equipment
- We use a contract Carrier and always pack our own equipment
- We use a common carrier and always pack our own equipment
- We use a contract carrier and never pack our own equipment
- We use a common carrier and never pack our own equipment

Equipment at Other Locations (Check all that Apply):

- Equipment is always locked up when away from our premise
- Equipment is not left with third parties when off premise
- Equipment always stays with the operator

Subject and Desired Limits of Insurance (Provide Replacement Cost for all that Apply):

Negative and Video Tape: Limits: \$ _____
Deductible: \$ _____

Faulty Stock/Camera/Processing: Limits: \$ _____
Deductible: \$ _____

Props: \$ _____ Sets: \$ _____ Wardrobe: \$ _____

ADDITIONAL INFORMATION (Respond only if Applicable)

Estimated gross annual production costs: _____

Funding Sources: Self Outside, Name of Organization: _____

Film Types (Check all that Apply):

- Documentaries Animated Commercials
- Educational Training Other Please Specify _____

Percentage of film shot outside the U.S. and Canada: _____

Maximum cost of any one production: \$ _____

Total Value of Negative Film without protection prints at one location: \$ _____

Transportation of Negative to Lab: Via _____ Frequency: _____

Mobile Studios: Values: _____ Describe Ubit: _____

Annual Sales: \$ _____ Payroll: \$ _____

Does the company own any vehicles? Yes No

If yes, Please attach the following:

Schedule of Vehicles including any city garaged, cost new, radius, and GVW

List of drivers including drivers license numbers and birthdates

Do you have Employees? Yes No If Yes, how many? _____

Do you have Workers Comp Insurance? Yes No

Limits: _____ Premium: _____

Please check the desired limits of liability for your Umbrella Policy:

\$3,000,000. \$1,000,000.

\$2,000,000. If Other, Please Specify: _____

Please provide all particulars of all similar insurance to the type requested carried by Applicant in the past five years:

Company	Policy Period	Limits of Liability	Deductible	Premium

Has Applicant been refused similar insurance in the past? _____ If yes, please explain: _____

Has Applicant's insurance been cancelled or had renewal decline in the past? _____ If yes, please explain: _____

Three Year Loss Information: If None, Check here:

This Year's: # _____ Total Value: _____

Last Year's: # _____ Total Value: _____

Previous Year: # _____ Total Value: _____

If Applicant does not currently have insurance of the type applied for herein, please explain why not and why this coverage is being requested now:

