

INSURANCE APPLICATION FOR PHOTOGRAPHERS INSURANCE PROGRAM

TIA ENTERTAINMENT
BROKERS

New Business Application

SECTION 1: APPLICANT INFORMATION

1. Named Insured: _____
2. Contact Name: _____ Phone # _____ Email _____
3. Mailing Address _____
4. City _____ Postal Code _____
5. Insured Location (If different than above) _____
City _____ Postal Code _____

SECTION 2: UNDERWRITING DETAILS

6. Are you incorporated? YES NO
7. Years in Business: _____
8. Please name any professional association of which you may be a member: _____
9. Please indicate the business services / operations provided and enter the percentage of total income derived from these services: (This must total 100%)

<input type="checkbox"/> Marketing	_____ %
<input type="checkbox"/> Publishing	_____ %
<input type="checkbox"/> Web Design	_____ %
<input type="checkbox"/> Event Photography	_____ %
<input type="checkbox"/> Product Photography	_____ %
<input type="checkbox"/> Corporate Photography	_____ %
<input type="checkbox"/> Other Photography Specify: _____	_____ %
10. Does the applicant provide any services other than those services listed in Question #9? YES NO
If "YES", provide details below. Use a separate sheet if necessary.

11. Please provide gross fee revenues from operations / services provided:

Total Annual Gross Revenues: Last Fiscal Year-End \$ _____
 Current Fiscal Year (projected) \$ _____

Revenue derived from: Canada: _____ % United States: _____ % International: _____ %
 (must equal 100%)

12. Have you ever had insurance cancelled or non-renewed? YES NO

13. Number of claims in the past 3 years: _____

14. Is the Applicant or any of his/her employees aware of facts, circumstances, or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If "YES" to any of 12, 13 or 14, please attach details on a separate sheet and attach to this application including dates, circumstances, names of claimants, amounts involved, etc. on a separate page.

15. Does your contract with clients require client sign-off approval? YES NO

16. Do you maintain a job specification sheet for each job? YES NO

17. Do you obtain a written release with respect to content from the following?

A. Models YES NO

B. Non-Professional Person YES NO

C. Client YES NO

Professional Liability Errors & Omissions	Commercial General Liability	Mobile Equipment Coverage	Rental Equipment Coverage	Studio / Office Property & Crime Package
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> None
<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$20,000		<input type="checkbox"/> Comprehensive Office Package: \$50,000 Office Contents \$5,000 Crime
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	
<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Higher Limit	<input type="checkbox"/> \$40,000		
<input type="checkbox"/> \$2,000,000		<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	
<input type="checkbox"/> Higher Limit		<input type="checkbox"/> Higher Limits		
			<input type="checkbox"/> Higher Limits	<input type="checkbox"/> Higher Limits Required

IMPORTANT NOTICE TO APPLICANT:

This is an application for insurance and the insurer is not obligated to accept the applicant for coverage. If a policy is issued, one signed copy of the application will be attached to the policy or certificate. Signature on the application form and submission of a premium payment does not bind the insurer to complete an insurance transaction with the applicant. This policy provides Errors and Omissions insurance that applies on a claims-made basis. The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A. The policy will not cover any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period (subject to the Extended Reporting Period provision).
- B. The policy will provide coverage for losses from incidents which take place on or after the Retroactive Date, if any, but before the beginning of the policy period only if the insured did not know of the incident before the beginning of the policy period.
- C. The policy will not cover any loss for which a claim is first made after:
 - 1. The expiration of the policy period or its earlier termination date, if any; or
 - 2. The Extended Reporting Period if any and then only in accordance with the terms described in the policy.
- D. The policy will only cover claims which are first made:
 - 1. During the policy period; or
 - 2. During an Extended Reporting Period if any and then only in accordance with the terms and conditions described in the Extended Reporting Period Section of the policy.
- E. Please request a copy of the Policy and review the terms and conditions to obtain more information.
- F. The limits for Defence Costs are over and above the liability and will not reduce the limit of liability.

Disclosure and Consent:

As part of my application for insurance I consent to the collection and use of personal information required for the purposes of considering my application for insurance by the insurer and the authorized insurance broker for Ontario Applicants, LMS PROLINK Ltd., and/or the authorized insurance broker for applicants outside of Ontario, The PROLINK Insurance Group Inc. The insurer and the broker are authorized to collect, use, and disclose personal information and provide such personal information to third parties, as required for the purpose of underwriting this application for insurance, as permitted by the relevant provincial and federal privacy laws or other applicable laws, and as required by the applicant's association and/or governing body. I understand that at any time I may ask to review the personal information pertaining to my application for insurance and the insurer and broker will be obligated to provide me with any information I am entitled to receive under the relevant provincial and federal privacy laws or other applicable laws. I have reviewed the information in this Application, gathered information from all partners/directors/ officers/ employees/agents under this entity whether present or prior regarding their knowledge or awareness of any claims or situations which may give rise to any claims

The Claim Information Forms, if any, that are attached to this Application include the details of:

- A. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the Applicant);
- B. All facts, situations, and incidents which have occurred in the past and which may reasonably be expected to result in a claim, suit or arbitration against us (the applicant) in the future. All such claims, suits and incidents have been reported to our (Applicants) current or prior insurer(s). It is understood and agreed that all such claims, suits, arbitrations, fact situations and incidents will be excluded from coverage under any policy issued by the insurer.

It is understood and agreed that failure to provide true and complete response to any of the questions, statements or request for information in this Application or to provide any other information material to this Application may, at the sole option of the insurer, result in the voiding of the insurance policy issued in reliance on this Application and /or denial of coverage for specific claims asserted against us (the Applicant) or any other insured under the policy. The undersigned on behalf of the Applicant and all other insureds under this policy issued by the insurer, hereby waives any defense to an action by the insurer for voiding or revoking of the policy based upon misrepresentation of fact or failure to disclose material information in connection with this Application. The Applicant agrees to hold the insurer harmless from all loss as a result of any such misrepresentation or failure to disclose, including, without limitation, all costs and attorney fees incurred by the insurer in connection with said action for voiding or revoking the policy.

I HEREBY DECLARE that the above statements and particulars are true to the best of my knowledge, that I have not suppressed or misstated any facts and I agree that this application shall form part of the insurance policy. I also acknowledge that I am obligated to report any changes that could affect the disclosures in this application that occur after the date of signature, but prior to the effective date of coverage.

Applicant's Signature: _____

Name (please print): _____

Date: _____