

# Entertainment Equipment Floater Application

## About This Program

This application is used to insure entertainment related equipment that is predominantly owned.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Owned Equipment

## Applicant Information

|  |  |
|--|--|
| Named Insured:                             |  |
| Entity Type:                               | <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit |
| Country of Residency (if individual):      |  |
| Country of Registration (all others):      |  |
| Primary Address (no PO Box):               |  |
| Mailing Address (if different to primary): |  |
| Contact Person:                            |  |
| Phone / Fax:                               |  |
| Email:                                     |  |
| Website:                                   |  |
| Year Business Established:                 |  |
| Federal ID/Social Security #:              |  |
| Description of Operations:                 |  |

## Underwriting Qualification Questions

|  |  |
|--|--|
| Is applicant in the business of renting equipment to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

## Insurance History

| Any insurance declined or cancelled in the past 3 years? (not applicable in MO)<br>If yes, provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                 |         |
|---|--|----------|-----------------|---------|
| Any prior insurance coverage? If yes, provide details below   | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |                 |         |
| Policy Type   | Carrier  | Policy # | Expiration Date | Premium |
|   |  |          | / /             |         |
|   |  |          | / /             |         |

| Any losses in the past 3 years? If yes, provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                |
|--|--|---------------------|----------------|
| Policy/Line  | Date of Loss   | Description of Loss | Amount of Loss |
|  | / /  |                     |                |
|  | / /  |                     |                |

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## Security

|                                   |   |
|-----------------------------------|---|
| Years of Industry Experience      |   |
| Alarm Type (check all that apply) | <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar |
| Alarm Monitoring Company          |   |

## Coverages

### Dates of Coverage

Effective:     /     /     (12 month coverage term)

### Coverage

### Limit

### Deductible

### Inland Marine (\* Indicates required coverages if Inland Marine is purchased)

|  |   |     |
|--|---|-----|
| Owned Equipment *  |   |     |
| Editing/Post Production Equipment  |   |     |
| Recording/Studio Equipment   |   |     |
| Sound/Location Recording Equipment   |   |     |
| Musical Instruments/Band Equipment   |   |     |
| Camera/Production Equipment  |   |     |
| P.A./Sound Equipment   |   |     |
| Theatrical Equipment   |   |     |
| Props, Sets, Wardrobe  |   |     |
| Rented Equipment   |   |     |
| Camera, lighting, sound, etc.  |   |     |
| Props, Sets, Wardrobe  |   |     |
| Furs, Jewelry, Arts, Antiques  |   |     |
| Negative Film, Videotape, Digitalized Image  |   |     |
| Faulty Stock, Camera & Processing  | Same as Negative Film   |     |
| Library Stock Coverage   |   |     |
| Extra Expense  |   |     |
| Third Party Property Damage  |   |     |
| Office Contents  |   |     |
| Business Income/Extra Expense  |   |     |
| Rental Cost Reimbursement  |   |     |
| EDP  |   |     |
| Limited Computer Virus Coverage  |   |     |
| Accounts Receivable  |   |     |
| Valuable Papers  |   |     |
| Money & Securities   |   |     |
| Worldwide Coverage Territory   | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |     |
| Waiver of Subrogation  | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |     |
| Coverage Extension Endorsement (Valuable Papers 25000, Signs 10000, Outdoor Property 5000 Per Item 25000 Total, Electronic Media And Records 5000, Debris Removal 50000, Employee Dishonesty 5000, Fire Department Service Charges 25000, Fire Equipment Recharge 10000, Pollutant Clean Up And Removal 15000, Sewer Backup 25000, Temporary Location 25000, Accounts Receivable 25000, Money & Securities 5000) | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | 500 |

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: \_\_\_\_\_

Insurance Agency/Agent: \_\_\_\_\_

License Number: \_\_\_\_\_

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

