

Annual Property Application

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Your Company Name				Years Experience		
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		

General Information

Desired Effective Date of Policy	Type of Business (Sound & Light Co., Post Production House, Artist, etc.)					
Principal Storage Location Address			City		State	Zip
Describe Protection (Central Station Alarm, Dead Bolts, etc.)						
Who was your Previous Insurance Company?					Premium Paid \$	
List all previous claims (Last 5 years) (Date of Loss, Description, and Amount Paid)						

Policy Limits

Please list your replacement cost property values scheduled as follows:

Editing & Post-Production Equipment Film & Video, Computer Generated Special Effects, Audio Sweetening, Animation, etc.	\$
Recording & Studio Equipment In Studio Equipment	\$
Sound Recording Equipment On Location, In Transit	\$
Musical Instruments & Band Equipment In Studio and On Location, In Transit	\$
Camera & Production Equipment Still, Video & Motion Picture Cameras, Grip, Lighting, Lenses & Related Equipment. In Studio and On Location	\$
Sound & P.A. Equipment Sound Amplification / Reinforcement	\$
Office Contents	\$
Rented Equipment Max Value of Equipment You Rent or Borrow From Others	\$
Miscellaneous Unscheduled Equipment Total Value of your equipment valued less than \$500 per Item (\$10,000 Maximum allowed)	\$
Total Policy Limit	\$

Rental Reimbursement pays to rent substitute equipment in case of a loss. Would you like a quote on this option?

Yes No If Yes, what would it cost you PER DAY to rent replacement equipment? \$

