

# 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
- Schedule of Owned Equipment
- Fraud Statement

## 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

Insured is principally involved in pornography production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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) 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
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### 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		
Negative Film/Faulty Stock		
Extra Expense		
Office Contents		
Rental Reimbursement (per day)		
Equipment Rented to Others	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage Territory	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

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.

