

Studio Application

About This Program

This application is used to insure studios that provide services such as recording, editing, pre-production and post production.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Owned Equipment
- Sample Rental Contract

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:	

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	
	/ /			
	/ /			

Studio Application

General Information, Procedures, Locations

General Information

Years of Industry Experience	
Number of rentals per year	
Average rental durations (days)	
Hours of operations	<input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar
Number of employees	
Annual Revenue	
If hired/non-owned auto coverage is required:	
Cost of hire (other than mobile studios/film trucks)	_____
Cost of hire (mobile studios & film trucks)	_____
Loaned or Donated autos (#, days)	# _____ Days

Procedures

All equipment is registered in an automated system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental contract is used that transfers responsibility for loss, damage, theft, liability to the renter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Contract contains a hold harmless clause.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit checks obtained on customers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of insurance required naming studio as additional insured and loss payee before releasing equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card is run for all rentals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid identification required before releasing studio.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require and verify references	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operators provided with equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	
Describe when operators are provided.	_____
What percentage of rentals include operators	_____

Building Details

For additional locations, duplicate this section.

Address	
Year Built	
Construction Type	
Area Occupied (square feet)	
Alarm Type	<input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar
Alarm Monitoring Company	
Sprinkler System	
Protection Class (1 - 10)	
Alarm Type (check all that apply)	
Alarm Monitoring Company	

Studio Application

Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage		Limit	Deductible
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit	*		n/a
Blanket Additional Insureds/Certificates of insurance	*	Included	n/a
City Certificates		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Employee Benefits Liability		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Stop Gap Liability (OH, WA, ND, WY only)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Inland Marine (* Indicates required coverages if Inland Marine is purchased)			
Owned Equipment, Props, Sets, Wardrobe	*		
Rented Equipment, props, sets, wardrobe			
Office Contents - furnishings, fixtures, improvements & betterments (all states but WA)			
Office Contents - furnishings, fixtures (WA only)			
Business Income & Extra Expense			
Resumption of Business Operations			
Loss of Rental Income Coverage			
Negative Film, Videotape and Digitalized Image			
EDP			
Limited Computer Virus Coverage			
Accounts Receivable			
Valuable Papers			
Money & Securities			
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage Territory		<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
Automobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Excess Liability			
Occurrence / Aggregate Limit			n/a

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.

