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

If yes, provide details: Any prior insurance covera Policy Type	cancelled in the past 3 years age? If yes, provide details be Carrier ears? If yes, provide details be Date of Loss	elow Policy# pelow.	I ption of I	Expiratio / / - -oss	n Date / /	☐ Yes ☐ Yes Premium ☐ Yes ☐ Yes Amount of L	□No
Any insurance declined or If yes, provide details: Any prior insurance covera Policy Type	cancelled in the past 3 years age? If yes, provide details be Carrier	elow Policy#	I	/	n Date / /	☐ Yes Premium	□ No
Any insurance declined or If yes, provide details: Any prior insurance covera	cancelled in the past 3 years	elow	į.	/	n Date / /	_ Yes	□No
Any insurance declined or If yes, provide details: Any prior insurance covera	cancelled in the past 3 years	elow	Ē	/	n Date /	_ Yes	□No
Any insurance declined or If yes, provide details: Any prior insurance covera	cancelled in the past 3 years	elow	į	Expiratio	n Date	_ Yes	□No
Any insurance declined or If yes, provide details: Any prior insurance covera	cancelled in the past 3 years	elow	Ē	Expiratio	n Date	_ Yes	□No
Any insurance declined or If yes, provide details:	cancelled in the past 3 years					_	
Any insurance declined or		? (not applicable in MO)				☐ Yes	□No
Insurance History	y						
Description of Operations:							
Federal ID/Social Security	#:						
Year Business Established							
Website:							
Email:							
Phone / Fax:							
Contact Person:							
Mailing Address (if different to							
Primary Address (no PO Box)							
Country of Registration (all c							
, , , , , ,	ividual):						
Country of Residency (if indi		□Individual		ППР	☐ Corporation	□Non-Profit	
Entity Type: Country of Residency (if indi							

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General Information, Procedures, Locations

General Information

Alarm Monitoring Company

denotal information	
Years of Industry Experience	
Number of rentals per year	
Average rental durations (days)	
Hours of operations	□Smoke □Fire □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.	☐ Yes ☐ No
Rental contract is used that transfers responsibility for loss, damage,	☐ Yes ☐ No
theft, liability to the renter.	-
Rental Contract contains a hold harmless clause.	☐ Yes ☐ No
Credit checks obtained on customers.	☐ Yes ☐ No
Certificates of insurance required naming studio as additional	☐ Yes ☐ No
insured and loss payee before releasing equipment.	
Credit Card is run for all rentals.	☐ Yes ☐ No
Valid identification required before releasing studio.	☐ Yes ☐ No
Require and verify references	☐ Yes ☐ No
Operators provided with equipment: If yes: Describe when operators are provided. What percentage of rentals include operators	☐ Yes ☐ No
Building Details For additional locations, duplicate this section. Address	
Year Built	
Construction Type	
Area Occupied (square feet)	
Alarm Type	□Smoke □Fire □Burglar
Alarm Monitoring Company	
Sprinkler System	
Protection Class (1 - 10)	
Alarm Type (check all that apply)	

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Coverages

Dates of Coverage Effective	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	☐ Incli	ude 🗌 Exclude		
Waiver of Subrogation	☐ Incli	ude 🗌 Exclude	n/a	
Employee Benefits Liability		ude 🗌 Exclude		
Stop Gap Liability (OH, WA, ND, WY only)	☐ Inclu	ude 🗌 Exclude	n/a	
nland 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 state	es but WA)			
Office Contents - furnishings, fixtures (WA only)	io but iii i			
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		ude 🗌 Exclude		
•		_		
Worldwide Coverage Territory		ude Exclude		
Coverage Extension Endorsement (Valuable Papers 25000, Signs 10000, Outdoor Property 5000 Total, Electronic Media And Records 5000, Debris Removal 50000, Employee Dishonesty 5000, Fire Department Servi Fire Equipment Recharge 10000, Pollutant Clean Up And Removal 15000, Sewer Backup 25000, Temporary Location Receivable 25000, Money & Securities 5000)	Per Item 25000 ce Charges 25000, 25000, Accounts	ude 🗌 Exclude	500	
Automobile (* Indicates required coverages if Automobile is purchased)				
Hired & Non-Owned Auto Liability	*		n/a	
Waiver of Subrogation	☐ Incli	ude 🗌 Exclude	n/a	
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)	☐ Inclu	ude 🗌 Exclude		
ivened Liebility				
Excess Liability Occurrence / Aggregate Limit			n/a	
Applicant Signature:	D	Date:		
To be completed by your Insurance Broker:				
Insurance Company(s) Applied to: Insurance A	gency/Agent:	Lic	ense Number:	

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

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application. COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. ☐ FLORIDA: Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. MICHIGAN: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00. MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. ☐ NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. OHIO: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law. Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? UTAH: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison." **WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. ☐ ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER. BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES. SIGNATURE OF APPLICANT DATE