



COMMERCIAL INSURANCE PACKAGE
(Applicable to entertainment related risks only)

1. Full Legal Name of company(ies) to be Insured: _____
2. Business Address: _____
3. Contact Name: _____ Fax: _____ Web-site: _____
 Phone: _____ Cell: _____ Email: _____

Please provide CV on background experience of the principals of the company along with a company bio if you have not previously obtained coverage through our office.

4. Describe your operations: _____
5. Date company established: _____
6. Number of full time employees: _____
7. Do you have employee health/ benefits plan? Yes No
8. Previous Insurer: _____ Expiry Date: _____
 Have there been any losses in the last 5 years? Yes No
 If yes, how many and please provide details: _____

9. Has any form of insurance been declined or cancelled? Yes No

10. General Information: explain all "yes" responses below

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| (a) Is equipment loaned or rented to others with/without operators | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) If you responded yes above, do they provide certificates of insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Is post production work done for others | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Does applicant travel out of country with equipment | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Are any repairs and/or installations done away from the premises | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Are sub-contractors used | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) If yes, is proof of insurance obtained | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Explain in detail all "yes" answers in section 10: _____

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PROPERTY INFORMATION

11. Location Address: _____

owned: rented: Square Feet: _____ no. of stories: _____

CONSTRUCTION

Fire Resistive masonry frame Other describe: _____

Floor Type: _____ Roof Type: _____ Plumbing Type: _____ Type of Heating: _____
 year built _____ upgrades (year): _____ electrical _____ roof year built: _____

PROTECTION DETAILS (*check all that apply*)

smoke detectors extinguishers local fire alarm central/monitored fire alarm
 local burglar alarm central monitored burglar alarm

Advise other protection, such as type of locks/bars on windows/keypad entry/security guards:

Sprinkler: Yes No If yes, % of area: _____

Occupancy by others in the building: (*check all that apply*)

retail offices manufacturing warehouse/storage repair dwelling
 industrial Mall other : _____

Mortgagee/Loss Payees: _____

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COVERAGES

12. REQUIRED LIMITS OF COVERAGE

BUILDING	\$ _____
OWNED MOBILE EQUIPMENT	\$ _____
OWNED FIXED EQUIPMENT	\$ _____
RENTED EQUIPMENT	\$ _____
OFFICE EQUIPMENT	\$ _____
ELECTRONIC DATA PROCESSING EQUIPMENT/MEDIA	\$ _____
LAPTOPS	\$ _____
TENANTS IMPROVEMENTS	\$ _____
PROPERTY TAKEN OFF PREMISES	\$ _____
PROPERTY AT ANY OTHER LOCATION	\$ _____
BUSINESS INTERRUPTION	\$ _____
EXTRA EXPENSE	\$ _____
ACCOUNTS RECEIVABLE	\$ _____
VALUABLE PAPERS	\$ _____
COMMERCIAL GENERAL LIABILITY	\$ _____
TENANTS' LEGAL LIABILITY	\$ _____
LEGAL LIABILITY/ DAMAGE TO HIRED AUTOS	\$ _____
MONEY INSIDE/OUTSIDE PREMISES	\$ _____
OTHER:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

VALUATION OF EQUIPMENT IS REQUESTED ON A:

Replacement Cost Basis

Actual Cash Value Basis

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OPTIONAL COVERAGE CHECKLIST

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | OWNED OR NON-OWNED AIRCRAFT LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | DIRECTORS' & OFFICERS' LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | OWNED OR NON-OWNED WATERCRAFT LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | POLLUTION |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | MARINE CHARTERER'S LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | GUILD/UNION ACCIDENT INSURANCE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | POLITICAL RISK/WAR INSURANCE/CIVIL COMMOTION/RIOT INSURANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | BOILER & MACHINERY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | TERRORISM | <input type="checkbox"/> YES <input type="checkbox"/> NO | EMPLOYEE BENEFITS LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | WORKERS' COMPENSATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | FIDUCIARY LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | INTERNATIONAL VOLUNTARY WORKERS' COMPENSATION | <input type="checkbox"/> YES <input type="checkbox"/> NO | PROFESSIONAL LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | INTERNATIONAL DIC/EXCESS AUTO LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | EMPLOYEE PRACTICES LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | PRIMARY AUTOMOBILE LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | EMPLOYEE FIDELITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | LIFE/DISABILITY INSURANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | COMPUTER THEFT/FUNDS TRANSFER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | LIVING QUARTERS FOR CAST OR CREW | <input type="checkbox"/> YES <input type="checkbox"/> NO | MULTI MEDIA LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | MEDICAL INSURANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | KIDNAP & RANSOM |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | ACCIDENTAL DEATH & DISMEMBERMENT | <input type="checkbox"/> YES <input type="checkbox"/> NO | CANCELLATION OF EVENT/NON-APPEARANCE INSURANCE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | ANIMAL MORTALITY/LEGAL LIABILITY FOR INJURY TO ANIMALS INSURANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | ADMITTED FOREIGN LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | MARINE CARGO INSURANCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | WEATHER INSURANCE |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | WORKPLACE VIOLENCE | <input type="checkbox"/> YES <input type="checkbox"/> NO | RAILROAD PROTECTIVE LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | ANTIQUES/OBJECTS OF ART | <input type="checkbox"/> YES <input type="checkbox"/> NO | EXHIBITION FLOATER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | LOSS OF UTILITIES | <input type="checkbox"/> YES <input type="checkbox"/> NO | FILM/VIDEOTAPE LIBRARY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | DISTRIBUTORS ERRORS & OMISSIONS | <input type="checkbox"/> YES <input type="checkbox"/> NO | SURETY BONDS |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | GARAGE AUTO LIABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO | INSTALLATION FLOATER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | SATELLITE/TRANSMISSION INTERRUPTION | <input type="checkbox"/> YES <input type="checkbox"/> NO | WRAP-UP LIABILITY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | BUILDERS RISK | <input type="checkbox"/> YES <input type="checkbox"/> NO | TRADE CREDIT |

OTHER, PLEASE SPECIFY:

The above list is not meant to be an exhaustive list of all insurance coverage available to the Insured. If you have a concern that is not addressed by either the coverages that have been quoted or the coverages listed above, please discuss this with our office. This list is only attached to point out some of the optional coverages that are commonly purchased.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a manner as to conceal or misrepresent any material fact or circumstance concerning the insurance of the subject thereof, the entire policy shall be void.

DATE: _____ APPLICANT SIGNATURE: _____

PRINTED NAME: _____ TITLE: _____

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