

# 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 losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any prior insurance coverage? 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	

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## Coverages

### Dates of Coverage

Effective:     /     /     (12 month coverage term)

Coverage		Limit	Deductible
<b>General Liability</b> (* 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
<b>Inland Marine</b> (* 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
<b>Automobile</b> (* 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	
<b>Excess Liability</b>			
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.

## 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 injure, 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 or a 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- 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.
- 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?  
\_\_\_\_\_YES \_\_\_\_\_NO
- 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."
- WISCONSIN:** 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.
- 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, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. 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