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
- Fraud Statement
- Schedule of Owned Equipment

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If yes, provide details:	Entity Type: Country of Residency (if individual): Country of Registration (all others): Primary Address (no PO Box): Mailing Address (if different to primary): Contact Person:		□Individual	□LLC	∏LLP	□Corporation	□Non Brofit	
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 Is applicant in the business of renting equipment to others? Insurance History Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details: Any prior insurance coverage? If yes, provide details below	Country of Residency (if individual): Country of Registration (all others): Primary Address (no PO Box): Mailing Address (if different to primary): Contact Person:		∐Individual		I ILLP	I I(`ornoration		
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If yes, provide details: Any prior insurance coverage? If yes, provide details below Yes	Insurance History							
, , , , , , , , , , , , , , , , , , , ,								☐ No
Policy Type Carrier Policy # Expiration Date Premium	Any prior insurance coverage? If ye	es, provide details be	low				☐ Yes	☐ No
	Policy Type	Carrier	Policy #		Expirati	on Date	Premi	um
					1	1		
					1	1		
Any losses in the past 3 years? If yes, provide details below.	Any losses in the past 3 years? If yes, provide details below.						☐ Yes	☐ No
Policy/Line Date of Loss Description of Loss Amount of Loss	Policy/Line	Date of Loss	Description of Loss			Amount o	f Loss	
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		1 1						

Entertainment Equipment Floater Application

Security Years of Industry Experience ☐Smoke ☐Fire ☐Burglar Alarm Type (check all that apply) Alarm Monitoring Company Coverages **Dates of Coverage** Effective: (12 month coverage term) Deductible Coverage Limit 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 Furs, Jewelry, Arts, Antiques Negative Film, Videotape, Digitalized Image Faulty Stock, Camera & Processing Same as Negative Film Library Stock Coverage Extra Expense Third Party Property Damage Office Contents Business Income/Extra Expense Rental Cost Reimbursement Limited Computer Virus Coverage Accounts Receivable Valuable Papers Money & Securities Worldwide Coverage Territory ☐ Include ☐ Exclude ☐ Include ☐ Exclude Waiver of Subrogation 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) ☐ Include ☐ Exclude Applicant Signature: Date: To be completed by your Insurance Broker:

Insurance Agency/Agent:

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

Insurance Company(s) Applied to:

License Number:

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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 **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