



PHOTOPAC INSURANCE APPLICATION

NEW
RENEWAL

REPLACING POLICY NO _____

1) Name _____

2) Mailing Address _____

3) Policy Term From _____ To _____

4) Location (s) To Be Insured 1 _____

2 _____

5) Premises Sq Ftg. _____ (1) _____ (2) Protection (Sprinklered) _____

Alarm _____ (Local) _____ (Monitored Stn Alarm) _____

6) Type of Photography _____

7) (a) Are you involved in (a) Underwater Photography (b) Aerial Photography
(c) Hazardous Stunts

(b) If the answer is yes, please provide additional information _____

8) Do your operations include web site design? Yes ____ No ____
If yes, attach a sample client release form.

9) Have you had any insurance claims in the past five (5) years? Yes ____ No ____

If yes, give full details of losses below:

Date of Loss	Type	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

10) DETAILS OF APPLICANT

Year Business Started _____ Estimated Annual Gross Sales _____

Present Insurer/Policy No. _____

11) COVERAGES DESIRED

<u>SUBJECT</u>	<u>DED</u>	<u>LIMIT OF INS</u>	<u>PREM</u>
STUDIO CONTENTS N/A	\$500	\$	\$
STUDIO CONTENTS AWAY FROM PREMISES (\$5,000 INCL)	\$500	\$	\$
FLOOD	\$10,000	\$150,000	\$
EARTHQUAKE	\$10,000	\$150,000	\$
CAMERA EQUIPMENT RIDER (ATTACH LIST)	VARIOUS	\$	\$
RENTED EQUIPMENT (\$10,000 INCL)	\$500	\$	\$
VALUABLE PAPERS (\$5,000 INCL)	\$500	\$	\$
ACCTS RECEIVABLES (\$5,000 INCL)	\$500	\$	\$
PROFITS (\$100,000 INCL)	\$500	\$	\$
EXTERIOR SIGNS ACV BASIS (100% CO-INS)	\$500	\$	\$
BUILDINGS (90% CO-INS)	\$500	\$	\$
EARTHQUAKE/FLOOD	\$10,000	\$	\$
RENTAL INCOME (100% CO-INS)	\$500	\$	\$
CRIME (\$5,000 INCL)	\$500	\$	\$
COMPUTER BREAKDOWN	\$1,000	\$	\$
COMMERCIAL LIABILITY	\$500	\$	\$
VOLUNTARY COMPENSATION			
		TOTAL PREMIUM	\$

Signing this application does not bind the applicant 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 way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my knowledge and belief the stated information fully represents the true statement of facts.

Signature of Applicant _____

Date _____