

d) Does the above premises (where the property is kept and/or used) have the following:

Central Stn Alarm _____ Local Alarm _____ Smoke Alarm _____
Deadbolt Locks _____ Sprinklers _____

e) Replacement Value of Owned Equipment \$ _____

f) Replacement Value of Rented Equipment \$ _____

g) Provide a Full Description of Precautions Exercised for Protection of Property when taken off premises _____

h) Is equipment rented or loaned to others with/without operators? Yes _____ No _____
If yes, do you request Proof of Insurance _____

(***NOTE*** Equipment is not covered when being rented to others)

i) Is property used underground, on or under water, in the air or for stunts? Yes _____ No _____
If yes, please explain _____

11) DESIRED TERM OF POLICY _____ DESIRED EFFECTIVE DATE _____

12) COVERAGES DESIRED

	Amount of Ins	Deductible	Premium
Miscellaneous Equip	\$ _____	Various	\$ _____
Office/Studio Contents	\$ _____	\$500	\$ _____
Extra Expense/Profits	\$ _____	\$500	\$ _____
Comp General Liability	\$ _____	\$500	\$ _____
Tenants Legal Liability	\$ _____	\$500	\$ _____
Estimated Annual Premium	\$ _____		

Signing this application does not bind the Applicant or Underwriters to complete this insurance, but it is understood and 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 circumstances concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree to the best of my/our knowledge and belief same fully represents is the true statement of facts.

Signature of Applicant _____ Date _____

Signature of Broker _____