

PHOTOPAC INSURANCE APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____

Telephone Number: _____ Fax Number: _____

3. Policy Term: From: _____ To: _____

4. Location to be Insured: 1. _____

Construction of Building: _____ Square Footage: _____ # of Stories: _____

Protection: Sprinklered: (Y/N) _____

Alarm Type: _____ Local: (Y/N) _____ Monitored Stn Alarm: (Y/N) _____

Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

Location to be Insured: 2. _____

Construction of Building: _____ Square Footage: _____ # of Stories: _____

Protection: Sprinklered: (Y/N) _____

Alarm Type: _____ Local: (Y/N) _____ Monitored Stn Alarm: (Y/N) _____

Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

5. Type of Photography: _____

6. Territory of Operations: North America Worldwide

If worldwide coverage is required, a Supplementary Form must be completed

7. (a) Are you involved in: (i) Underwater Photography: Yes No

(ii) Aerial Photography: Yes No

(iii) Hazardous Stunts: Yes No

(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:

<i>Date of Loss</i>	<i>Type</i>	<i>Amount</i>
_____	_____	_____
_____	_____	_____

10. Details of Applicant:

Year Business Started: _____ Estimated Annual Gross Sales: \$ _____

Present Insurer: _____

Policy Number: _____

11. Desired Coverages:

<i>Coverage Description</i>	<i>Deductible</i>	<i>Amount of Insurance</i>	<i>Premium</i>
Buildings	\$ 1,000	\$ _____	\$ _____
Studio Contents	\$ 1,000	\$ _____	\$ _____
Studio Contents away from Premises	\$ 1,000	\$ _____	\$ _____
Sewer Backup – Building/Contents	\$ 5,000	\$ _____	\$ _____
Flood – Building/Contents	\$ 10,000	\$ _____	\$ _____
Earthquake – Building/Contents	\$ 100,000 or 5% of loss	\$ _____	\$ _____
Camera Equipment Rider (Attach detailed list)	\$ Various	\$ _____	\$ _____
Rented Equipment	\$ Various	\$ _____	\$ _____
Signs	\$ 1,000	\$ _____	\$ _____
Accounts Receivable	\$ 1,000	\$ _____	\$ _____
Valuable Papers	\$ 1,000	\$ _____	\$ _____
Profits – Actual Loss Sustained	\$ 1,000	\$ _____	\$ _____
Rental Income	\$ 1,000	\$ _____	\$ _____
Crime	\$ 1,000	\$ _____	\$ _____
Computer Breakdown	\$ 1,000	\$ _____	\$ _____
Commercial General Liability	\$ 1,000	\$ <u>1,000,000</u>	\$ _____
Total Premium:			\$ _____

Signing of this application does not bind the Applicant or Underwriters to complete the 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 circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

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

Signature of Applicant: _____

Date: _____

Title: _____

Signature of Broker: _____

Date: _____

Supplementary Form

To be completed only if worldwide coverage is required

Percentage of travel outside of North America: _____ %

Purpose of travel: _____

Frequency of travel: _____

Usual Destination: _____

Do you travel with Equipment: Yes: No:

Maximum replacement cost of Equipment traveling with you: \$ _____

Precautions taken to protect Equipment/other property: _____

Method of transportation of Equipment: _____

Signature of Applicant: _____ Date: _____