



International Insurance Brokers, Inc.

CA License #0775391 • NY License #724659

PACKAGE APPLICATION

1. Name of Applicant _____
2. Location Address _____
City _____ State _____ Zip _____
Mailing Address:
(if different) _____
3. Describe Business _____
4. In Business _____ number of years.
LLC _____ Corp. _____ Sole Proprietor _____ Partnership _____ Other _____
5. Does the **premise** where the property is usually stored have the following?
 - a. central station alarm? _____
 - b. local alarm? _____
 - c. smoke alarms? _____
 - d. deadbolt locks? _____
 - e. guards/guard dogs on premises? _____
 - f. sprinkler system? _____
 - g. other protection (describe) _____
 - h. building construction _____ # of stories _____ age _____
6. Has applicant sustained any losses (insured or uninsured) during the past 5 years, which would have been covered under this type of insurance? If yes, please give date, circumstances of loss and amount of loss.

7. Names & Titles of Executive Officers; Partners; Managing Members:

8. Previous or Current Insurer, Expiration Date and Policy Number:

9. Loss Payee(s) and Additional Insureds: _____

10. For Property Floater:
- | | YES | NO |
|--|-------|-------|
| a. Property used underground, on or under water in the air, or for stunts? | _____ | _____ |
| b. Does property travel out of the country? | _____ | _____ |
- Explain all "yes" responses in detail, how often, how transported and theft protection:

11. Total Value of Owned Equipment used off-premises \$ _____

Attach separate, detailed list of owned cameras or computers and other similar items used off-premises to be covered including make, model, serial number and individual value.

12. Does applicant rent equipment to others without operators? ___ Yes ___ No.
If yes, state the estimated rental receipts \$ _____
and attach a copy of the Rental Agreement.

- a) Rental receipts on equipment rented to others who have insurance _____
- b) Receipts on equipment rented to others without insurance _____

13. Maximum Value of Equipment you rent from others at any one time _____

14. Total Replacement Value of office contents including permanent improvements & fixtures **excluding** computers: _____

15. Total Replacement value of **computers** including computer editing (i.e. AVID) and all appurtenant equipment a) \$ _____ Software amount \$ _____

16. What is the value of maximum value of completed customers' goods in your possession at any one time? _____

17. **Please attach a copy of your standard contract with your clients.**

18. Estimated total annual gross receipts: _____

19. Premises square footage _____

20. Please state the total annual salaries and also include fees to Independent Contractors:

- Executive Officers: _____
- Actors and Musicians _____
- Stage Hands and other production Support _____
- Office Administrative & Computer _____
- Production _____
- Drivers _____
- Post Production _____
- Others (please describe) _____

21. Estimated cost of hire of rented vehicles during the next 12 months \$ _____

22. Estimated Gross Productions costs (film & video) \$ _____

Signing this application does not bind the Applicant or the Company 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/our knowledge and belief it fully represents the true statements of facts.

Date:	Applicant:
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Please sign above and print name _____
Federal Employee I. D.: _____ or
Social Security No. _____
Telephone No. _____
Fax No. _____
E-mail _____
Website: _____

or
Please attach company brochures or publicity materials

[Not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont]

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any material 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. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

Privacy Notification.

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.