

PHOTOGRAPHER/VIDEOGRAPHER PACKAGE APPLICATION

1. Named Insured (Applicant)

Street Address

| | Street Address | | | | |
|-----|--|---------|-------|----------|----|
| | City | 9 | State | Zip Code | 9 |
| 2. | Names of Owner, Officers, Partne | ers | | | |
| 3. | Applicant is | | | | |
| 4. | Type of Photography/Videograph | У | | | |
| 5. | Studio % Le | ocation | % | | |
| 6. | Coverage Dates: From | To | | | |
| 7. | Estimated number of shoots | | | • ` | |
| 8. | Maximum budget any one shoot | | | | |
| 9. | Previous Insurance Coverage | | | | |
| 10. | O. Has Insurance Coverage ever been declined or cancelled? | | | | |
| 11. | 11. Is the Equipment stored in a secure location? Any | | | | |
| 12. | Coverage Desired: | | | | |
| | Equipment: Owned | \$ | Rente | ed | \$ |
| | Props, Sets, Wardrobe | \$ | | | |
| | Negative Film/Faulty Stock | | `\$ | | |
| | Extra Expense \$ | | | | |
| | Office Contents/Computers | | \$ | | |
| | | | | | |