

Supplemental Insurance Application

**Submission Requirements:** Please check all that have been included:

- Completed ACORD Applications
- List of Equipment
- Copy of Rental Contract/Agreement
- Hard Copy Loss Runs
- Applicable Brochures and Website Address

**PART I- APPLICANT**

A.

Named Insured:		
Street Address:	P.O. Box:	County:
City, State, Zip Code	Coverage effective dates From:                      To:	
Location Name and Address:	Additional subsidiaries and descriptions:	
Federal ID Number:		
Number of years this facility has been: Operating: _____ Owned by present owners: _____ Managed by Present Management: _____		
Phone Number:	Email Address:	
Fax Number:	Website:	

B. Please provide a description of operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Is your company a:  corporation  sole proprietor  partnership  limited liability company

D. Are you an ICIA Member?  YES  NO

## PART II- BUILDING EXPOSURES

A.  If a renewal: PLEASE CHECK HERE IF NO COVERAGES HAVE CHANGED

B. If you have multiple locations, please submit a SSV. Please provide Replacement cost limits for the following at each location:

Building: \_\_\_\_\_

Business Personal Property: \_\_\_\_\_

Combined Business Interruption and Extra Expense: \_\_\_\_\_

Electronic Data Processing Property: \_\_\_\_\_

Square Footage: \_\_\_\_\_

C. Premises Exposure (each premises):

Construction (Check the one which is most applicable):  Masonry Non-Combustible  Fire Resistive  
 Frame  Joisted Masonry

Occupancy (Check the one which is most applicable):  we are the sole occupants  manufacturing  
 other occupants are retail/wholesale  office  other occupants have similar operations

Protection (Check all the applicable Alarm and Protection systems):

Smoke:  YES  NO If yes (check one):  central station  local  hard wired  battery

Fire:  YES  NO If yes (check one):  central station  local  hard wired  battery

Burglary:  YES  NO If yes (check one):  central station  local  hard wired  battery

Sprinkler System:  YES  NO Protection Class (number): \_\_\_\_\_

Neighborhood- Check all the applicable:  residential  office  mixed  
 suburban  rural  urban

## PART III- EQUIPMENT FEATURES

A. Inventory Control: (check all that apply)

- All equipment is registered in an automated inventory system
- Equipment is locked up when on premise
- We occasionally rent our equipment to third parties
- When we rent our equipment, we always use a contract that transfers the responsibility for loss, damage, theft to the rentee
- We run a credit card for all rented equipment
- We never rent or lease our equipment to a third party

B. Transportation: (check all that apply)

- We always transport our own equipment
- We use a contract carrier and always pack our own equipment
- We use a common carrier and always pack our own equipment
- We use a contract carrier and never pack our own equipment
- We use a common carrier and never pack our own equipment

C. Equipment at Other locations: (check all that apply)

- Equipment is always locked up when away from our premise
- Equipment is not left with third parties when off premise
- Equipment always stays with the operator

**D. Subject and Limits of Insurance Provide replacement cost:**

Production:		
Negative & video tape: \$		
Limit: \$	Deductible: \$	
Faulty stock/camera/processing: \$		
Limit: \$	Deductible: \$	
Props: \$	Sets/Scenery: \$	Costumes/Wardrobe: \$

**PART IV- SPECIAL ENTERTAINMENT- (If Applicable)**

- A. Estimated gross annual production costs:  
Tape \$ \_\_\_\_\_ Film \$ \_\_\_\_\_ Total \$ \_\_\_\_\_
- B. Funding sources: \_\_\_self funded \_\_\_outside  
(Name organization) \_\_\_\_\_
- C. Film types (check all that apply)  
 documentaries     educational     commercials  
 training             animated     other \_\_\_\_\_
- D. Percentage of films produced outside of U.S. or Canada \_\_\_\_\_%
- E. Maximum cost of any one production \$ \_\_\_\_\_
- F. Maximum time any one production from photography to production print \_\_\_\_\_
- G. Total value of negative film without protection prints at one location \_\_\_\_\_
- H. Transportation of negative to lab:    a. via \_\_\_\_\_                      b. frequency \_\_\_\_\_
- I. Mobile studios \_\_\_N/A if used, values \$ \_\_\_\_\_                      Describe unit(s) \_\_\_\_\_

**PART V- ADDITIONAL INFORMATION**

- A. Annual sales \$ \_\_\_\_\_                      Payroll \$ \_\_\_\_\_
- B. Does the company own any vehicles  YES     NO  
If yes (please attach the following):  
 Schedule of Vehicles including city garaged, cost new, radius, and GVW  
 List of Drivers including drivers license number and date of birth.
- C. Do you have employees  YES     NO  
If yes, how many \_\_\_\_\_
- D. Please check the requested limit of liability for your Umbrella policy:  
 \$3,000,000  
 \$2,000,000  
 \$1,000,000

E. Three Year Loss Information:

Please complete the following or check here:  NO LOSSES

This year's losses:	# of losses	Total value
Last year's losses:	# of losses	Total value
Previous losses:	# of losses	Total value

F. Do you carry Workers Compensation Insurance?  YES  NO

Limits \_\_\_\_\_ Premium \_\_\_\_\_

G. Would you like a Workers Compensation quote?  YES  NO

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Fax or Mail the Completed Application along with:

- 1) List of Equipment
- 2) Copy of Rental Contract/Agreement (if you Rent Equipment)
- 3) If available, Claim History from current and prior insurers for past four (4) years.

To:

Nelson & Ward Company  
Attention: James Egan, CPCU, ARM  
454 Morris Avenue  
Springfield, NJ 07081  
Tel.: 973-379-7270  
Fax.: 973-379-5077  
Email: JEgan@Nelsonward.com

If Claim History is not available, please immediately request from Broker(s) or Insurance Company (ies).