

PHOTOGRAPHER'S PACKAGE APPLICATION

1.) Name of Applicant _____

Address _____

City _____ State _____ Zip _____

2.) Applicant is: ____ Individual ____ Partnership ____ Corporation

3.) Names and titles of principal officers, partners and individuals: _____

4.) Desired Dates of Coverage: _____ to _____

5.) Shooting Locations: Studio _____ % On Location _____ %

6.) Describe photo sessions involving animals, motorcycles, boats, aircraft, explosives, underwater shooting or stunts:

7.) Type of Photography: Advertising _____ % Industrial _____ % Other _____ %

8.) Maximum cost any one shooting _____ Average cost any one shooting _____

9.) Approximate number of shoots you will do this year _____

10.) Gross Billable Expenses for the last 12 months _____

11.) Estimated Gross Billable Expenses for the next 12 months _____

12.) When on location where do you normally store the equipment when not in use _____

13.) Coverage Desired:

Limit of Liability

Deductible

a. Negative Film/Faulty Stock

b. Equipment (RENTED)

(OWNED)

c. Props, Sets & Wardrobe

d. Extra Expense

e. Property Damage Liability

f. Office & General Contents

14.) Prior Insurance Carrier _____

Policy period _____ Policy number _____

15.) Has any form of insurance ever been cancelled or declined? If yes, please explain _____

16.) Previous Loss Experience _____

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 TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF SAME FULLY REPRESENTS THE TRUE STATEMENTS OF FACTS.

DATE: _____

APPLICANT: _____

BY: _____

TITLE: _____

PRODUCER: **Taylor & Taylor Associates, Inc.**
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Contact: