



Taylor & Taylor Associates, Inc.
Taylor & Taylor, Ltd.
www.taylorinsurance.com

SUPPLEMENTAL ERRORS & OMISSIONS APPLICATION FOR ASMP MEMBERS ONLY

Photographers Professional Liability

- 1) Name of Applicant: _____
Business Mailing Address: _____
City: _____ State: _____ Zip Code: _____
- 2) What type of photographic services are you involved with? Check those that apply:
- | | |
|--|---|
| <input type="checkbox"/> Advertising Photography | <input type="checkbox"/> Sports Photography |
| <input type="checkbox"/> Magazine Photography | <input type="checkbox"/> Editorial Photography |
| <input type="checkbox"/> Paparazzi Photography | <input type="checkbox"/> News Photography
daily or weekly publications |
| <input type="checkbox"/> Corporate Photography | <input type="checkbox"/> Studio Photography |
| <input type="checkbox"/> Model/Fashion Photography | <input type="checkbox"/> Wedding Photography |
| <input type="checkbox"/> Other: _____ | |
- 3) Please list your top 5 clients:
- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | |
- 4) Based on a percentage of total receipts, how much of your work is subcontracted to others? _____
- 5) Within the past five years have you been sued or been the subject of claims for:
- Infringement of copyright, trademark, service mark, trade name, trade secrets, title, or slogan
 - Defamation, invasion of privacy, or publicity rights
 - False advertising, idea misappropriation, or breach of implied contract
 - Professional acts or omissions

6) Do you maintain your own photo stock library? () Yes () No If yes, do you have images of other photographers in your library? () Yes () No Have you obtained an indemnification agreement from the original Photographer to indemnify you for claims arising from the licensing of their images? () Yes () No

7) Have you been refused E & O / Professional coverage in the past? () Yes () No

8) Please fax a copy of your standard model and/or location clearance releases.

9) Check if an optional limit is desired:

- () \$ 100,000 Per Occurrence/Aggregate (Standard)
- () \$ 250,000 Per Occurrence/Aggregate
- () \$ 500,000 Per Occurrence/Aggregate
- () \$1,000,000 Per Occurrence/Aggregate

TRUTH OF STATEMENTS

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

FRAUD WARNING

NOTICE TO ALL STATES INCLUDING SPECIAL NOTICE TO ARKANSAS, COLORADO, FLORIDA, KENTUCKY, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO AND PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND MAY BE SUBJECT TO SUBSTANTIAL CIVIL FINES AND CRIMINAL PENALTIES."

PRINT APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

TITLE: _____

DATE: _____