

**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.**  
**90 Park Avenue New York, NY 10016**  
**Phone: (212)490-8511 Fax: (212)490-7236**  
**Contact:**