



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

## Still Photographers Application for Annual Businessowners Policy

- 1) Legal Name of Business: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_
- 2) Type of Business: Check One: ( ) Individual ( ) Partnership or Joint Venture  
( ) Corporation ( ) Limited Liability Corporation  
( ) Other: Describe: \_\_\_\_\_
- 3) What is the Federal Employer Identification Number (FEIN)? \_\_\_\_\_
- 4) Year Business started: \_\_\_\_\_
- 5) Description of Business Operations including a description of goods or services provided: \_\_\_\_\_  
\_\_\_\_\_  
Any Video Production? If Yes, what percentage of your business is Video Production?: \_\_\_\_\_
- 6) Hours of Operation: \_\_\_\_\_
- 7) Number of Employees: \_\_\_\_\_ Total Payroll: \_\_\_\_\_  
Do you lease employees from others? ( ) Yes ( ) No
- 8) Total Gross Sales / Receipts for the past 12 months: \_\_\_\_\_  
Total Gross Billable Expenses for the past 12 months: \_\_\_\_\_  
Total Gross Sales / Receipts estimated for the next 12 months: \_\_\_\_\_  
Total Gross Billable Expenses estimated for the next 12 months: \_\_\_\_\_
- 9) Are there any businesses or business locations owned or operated that will not be specifically insured by this policy? ( ) Yes ( ) No (If yes, note that coverage will be limited to the business and/or location(s) listed in questions #1-8 above)

271 Madison Avenue, 5th Floor, New York, NY 10016 • Tel (212) 490-8511 • Fax (212) 490-7236 • Lic. No. BR653360  
15060 Ventura Blvd. Ste 201 Sherman Oaks, CA 91403 • Tel (818)981-9700 • Fax (818)981-9703 • Lic. No. 0731414

10) Effective Date Desired: \_\_\_\_\_ (Note: Coverage cannot be backdated)

11) Location Address(es) (if different than mailing address above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

List all occupancies of the building you occupy: \_\_\_\_\_

\_\_\_\_\_

12) Number of years that your business has operated at this location: \_\_\_\_\_

13) Are you Owner/Occupant? ( ) or do you Rent? ( )

14) Year Built: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Does building have elevators?: ( ) Yes ( ) No

Square footage of entire building: \_\_\_\_\_

Square footage of portion you occupy: \_\_\_\_\_

Construction (Check One): ( ) Frame ( ) Joisted Masonry  
( ) Noncombustible ( ) Fire Resistive  
( ) Other: \_\_\_\_\_

If the building is older than 25 years you MUST also provide the dates that the following were updated: Wiring \_\_\_\_\_yr. Roof \_\_\_\_\_yr.  
Heating \_\_\_\_\_yr. Plumbing \_\_\_\_\_yr.

List all occupancies situated adjacent to your premises (Ex: Office Building, Restaurant, Warehouse, Apartments, Vacant Lot, Parking Lot, Retail Stores etc.)

Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

Rear \_\_\_\_\_

15) Loss Controls:

Is building sprinklered: ( ) Yes ( ) No

Are smoke detectors present: ( ) Yes ( ) No

Are fire extinguishers present: ( ) Yes ( ) No

Is a doorman present: ( ) Yes ( ) No

Type of Locks: ( ) Cylinder ( ) Deadbolts

Are windows barred? ( ) Yes ( ) No With safety releases? ( ) Yes ( ) No

Are there at least two exits provided per floor? ( ) Yes ( ) No

Do you have a Fire Alarm \_\_\_\_\_? Is it Central Station ( ) or Local ( )?

Include: Certificate Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Do you have a Burglar Alarm \_\_\_\_\_? Is it Central Station ( ) or Local ( )?

Include: Certificate Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Include any other loss control measures provided: \_\_\_\_\_

\_\_\_\_\_

16) Is the space you occupy currently under renovation: ( ) Yes ( ) No

17) How far is your premises situated from a shoreline \_\_\_\_\_ Miles

18) Please list the following for your existing business insurance:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

19) Have there been any Property, General Liability or product losses, claims, suits within the last 3 years (even if not covered by insurance)? ( ) Yes ( ) No

If Yes, provide date of loss, description of loss and total amount of loss: (Attach separate sheet if needed) \_\_\_\_\_

20) Has any form of insurance ever been cancelled or non-renewed: ( ) Yes ( ) No  
If yes, explain: \_\_\_\_\_

21) General Information:

	YES	NO
Has applicant been active in or is currently active in any joint ventures?		
Do your subcontractors carry coverage or limits less than yours?		
Are subcontractors allowed to work without providing you with a certificate of insurance?		
Any machinery or equipment loaned or rented to others?		
Guarantees, warranties, hold harmless agreements?		
Any watercraft, dock, floats owned, hired or leased?		
Does Applicant install, service or demonstrate products?		
Any medical facilities provided or medical professionals employed or contracted by the applicant?		
Is there a formal, written safety and security policy in effect?		
Products related to aircraft/space industry?		
Any operations sold, acquired, or discontinued in last 5 years?		
Have you ever filed for bankruptcy?		
Does any named insured sell to other named insured's?		
Foreign products sold, distributed or used as components?		
Research & development conducted or new products planned?		
Products recalled, discontinued, changed?		
Products of others sold or repackaged under applicant label?		
Product under label of others?		
Vendors coverage required?		
Are there any gas pumps or underground tanks on premises?		
Do you sell any used items?		
Does applicant deliver goods?		
Any exposure to radioactive/nuclear materials?		
Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?		
Any parking facilities owned/rented? If yes, do you charge a fee?		
Any recreational facilities provided?		
Is there a swimming pool on the premises?		
Any sporting events sponsored?		
Is there a labor interchange with any other business or subsidiaries?		
Are day care facilities operated or controlled?		
Have any crimes occurred or been attempted on your premises within the last three years?		
Does your business promotional literature make any representations about the safety or security of the premises?		

22) INSURANCE NEEDED:

Business Personal Property	\$ _____
Computer Equipment*	\$ _____
Camera Equipment- Rented*	\$ _____
Camera Equipment- Owned*	\$ _____
General Liability	\$1,000,000 ( ) Include
Non Owned-Hired Auto	\$1,000,000 ( ) Include
Other	_____
Errors & Omissions (for ASMP Members ONLY)	( ) Include

(Please complete Supplemental Errors & Omissions Application)

**\* These coverages require that you provide a schedule of property including make, model, serial number and value of each item as well as the sum total value of all property listed.**

**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."

ARE YOU AN ASMP MEMBER? YES NO MEMBER NUMBER: \_\_\_\_\_

PRINT APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Note: Policy will renew automatically each year unless otherwise requested by you in writing in advance of the renewal date.**