Entertainment Equipment Choice Application

Eligible Risks: Property and equipment of a mobile nature which is owned or on short-term lease to the insured with incidental temporary storage.

Ineligible Risks: Long-term coverage of property or equipment at fixed locations such as recording studios, residences or property and equipment in long-term storage. Also, operations that are in the business of leasing/renting owned equipment to others.

General Information	
Named Insured:	Effective Date:
Agency Name:	Agency Code:
Mailing Address:	Number of Years in Business:
Inspection Contact:	Contact Phone Number:
Website:	Email:

Type of Operation: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other **If other**, please describe:

Please describe how the equipment will be used and nature of your operations:

Has insurance been declined or cancelled within the last five years? ☐ Yes ☐ No

Has the applicant ever filed for bankruptcy? ☐ Yes ☐ No

If yes to either of the last two questions, please explain **(Missouri Applicants - Do not answer this question)**:

List all losses in the past three years whether or not covered by insurance (attach loss runs):

Limits and Description of Covered Property (Attach a separate schedule if needed)

Description (Make, Model, Serial Number)	**Insured Value**
	$
	$
	$
	$
	$
	$
	$
	$

Deductible (check one): ☐ $1,000 (minimum) ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other:

Describe any unique, antique or difficult to replace Covered Property:

Storage

Storage Premises Address:

☐ Owned ☐ Leased

If leased, who's responsible for maintaining the structure?

Protection: Provide details of protection for Covered Property at storage premises (e.g., automatic sprinkler system, monitored theft alarm, watchman, safe, vault, smoke detector, or other):

Year storage premises was first constructed: Updated:

Construction: ☐ Wood Frame ☐ Joisted Masonry ☐ Masonry Non-combustible ☐ Modified Fire Resistive ☐ Fire Resistive
☐ Mixed Construction (describe):

Adjacent exposures: Occupancy of adjacent buildings or structures:

Transit

☐ Owned Vehicle ☐ Leased Vehicle ☐ Hired Carrier

Describe carrying conveyance:

During transit, how is Covered Property packaged/protected/secured from theft and/or handling damage:

If applicable, what limitation of liability does Hired Carrier evidence on contract or Bill of Lading?

Average and maximum miles Covered Property is transported:

Other: Will applicant be named an additional insured on any other insurance policy(ies)? ☐ Yes ☐ No Describe:

Will applicant name any other party(ies) as additional insured(s) to this insurance policy? ☐ Yes ☐ No Describe:

Entertainer's Supplemental

Describe field of entertainment (musicians, dance troupe, theatre, other):

Venues Include: ☐ Nightclubs ☐ Outdoor ☐ Fairgrounds ☐ Performance Hall ☐ Sporting Events

Other:

Estimated number of performances during policy term: Any outside the U.S. or Canada? ☐ Yes ☐ No

What countries/regions of the world do you travel to?

If a tour is planned, list dates and locations of performances (or attach schedule):

Describe any leased/rented facilities or equipment:

Estimated annual expense to lease and/or rent equipment from others:

Types of Covered Property being leased or rented from others:

Who will be setting up equipment at each venue, provide staging company information and/or experience level of provider?

Producer's Supplemental

Years of production experience:

Estimated number of productions annually:

Describe any post-production work performed for others: (attach copy of contract)

Types of Productions: ☐ Commercials ☐ Documentaries ☐ Educational ☐ Training ☐ Music ☐ Video ☐ Animated ☐ Other (Describe):

Do any productions take Covered Property outside the U.S. or Canada? ☐ Yes ☐ No **If yes,** describe:

Entertainment Equipment Choice includes the following additional coverage automatically at the sublimits listed below. Higher limits may be available, ask your underwriter.

	Automatic Coverage Limits	**Request for Additional Coverage**
Accounts Receivable	$5,000	$
Property Loaned, Leased or Rented to Others	$5,000	$
Business Personal Property	$10,000	$
Expediting Expense	$10,000	$
Rental Reimbursement	$25,000	$
Valuable Records, Data, Software	$5,000	$
Unexplained Disappearance	$5,000	$
Exhibitions	$25,000	$
General Average	$25,000	$

Arbitration Statement

For Utah applicants only: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the American Arbitration Association or other recognized arbitrator, a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Fraud Warning Statements

Arkansas applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California applicants: for your protection california law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: warning it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: for your protection, hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey applicants: any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

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 or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty).

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____

Producer's Signature: _____ Title: _____

Print Name: _____ Date: _____

License Identification Number or National Producer Number: _____

(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company
New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

The Hartford