

C & S Int'l Insurance Brokers Inc.
19 Fulton Street Suite 308A
New York, NY 10038
Tel 212 406 4499
Fax 212 406-7584
e-mail: staff@csins.com
www.csins.com
www.documentary-insurance.com

PACKAGE APPLICATION

1. Name of Applicant _____
2. Location Address _____
City _____ State _____ Zip _____
Mailing Address:
(if different) _____
Email address: _____ Web Address _____
Phone Number _____
3. Describe Business _____
4. In Business _____ number of years.
Corp. _____ Sole Proprietor _____ Other _____
5. Does the **premises** where the property is usually stored have the following:
a. central station alarm? _____ b. local alarm? _____
c. smoke alarms? _____ d. deadbolt locks? _____
e. guards/guard dogs on premises _____ f. sprinkle system? _____
g. other protection (describe) _____
h. building construction _____ # of stories _____ age _____
6. Has applicant sustained any losses (insured or uninsured) during the past 5 years, which would have been covered under this type of insurance? If yes, please give date, circumstances of loss and amount of loss.

7. Names & Titles of Executive Officers or partners:

8. Previous or Current Insurer, Expiration Date and Policy Number:

9. Loss Payee(s) and Additional Insureds: _____

- | | | | |
|-----|--|-------|-------|
| 10. | For Property Floater | YES | NO |
| a. | Property used underground, on or under water
in the air, or for stunts? | _____ | _____ |
| b. | Does property travel out of the country? | _____ | _____ |

Explain all "yes" responses in detail, how often, how transported and theft protection:

11. Total Value of Owned Equipment used off-premises \$_____

Attach separate, detailed list of owned cameras or computers and other similar items used off-premises to be covered including make, model, serial number and individual value.

12. Does applicant rent equipment to others without operators? ___ Yes ___ No.
If yes, state the estimated rental receipts \$_____ and attach a copy of the Rental Agreement.
- a) Rental receipts on equipment rented to others who have insurance _____
- b) Receipts on equipment rented to others without insurance _____

13. Maximum Value of Equipment you rent from others at any one time _____

14. Total Replacement Value of office contents including permanent improvements & fixtures **excluding** computers: _____

15. Total Replacement value of **computers** including computer editing (i.e. AVID) and all appurtenant equipment a) \$_____ Software amount \$_____

16. What is the value of maximum value of completed customers' goods in your possession at any one time? _____

17. Please attach a copy of your standard contract with your clients.

18. Estimated total annual gross receipts: _____

19. Premises square footage _____

20. Please state the total annual salaries and also include fees to Independent Contractors:

Executive Officers: _____

Actors and Musicians _____

Stage Hands and other production Support _____

Office Administrative & Computer _____

Production _____

Drivers _____

Post Production _____

