



MDP PROGRAMS

Inland Marine/Production Equipment Filmmaker/Production Companies

| General Information | | | | | |
|--|--|--------------------|---------------------------|-------|------|
| First Named Insured | | | | | |
| Mailing Address | | City | | State | Zip |
| Contact Person | | Phone: | | | Fax: |
| Web Address | | | Contact's E-Mail Address: | | |
| Effective Date | | Federal Tax I.D. # | Years in Business: | | |
| Description of Operations/Productions: | | | | | |
| | | | | | |

Inland Marine Coverage

| Coverage | Limit | Deductible |
|--|--|------------|
| Sound Equipment | | |
| Lighting Equipment | | |
| Camera Equipment | | |
| Computers | | |
| Rental Reimbursement Coverage requested? | Yes <input type="checkbox"/> No <input type="checkbox"/> | n/a |
| Negative Loss Coverage Requested? | Yes <input type="checkbox"/> No <input type="checkbox"/> | n/a |

Contacts for Questions/Completed Applications:

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