



# Application for Production Equipment/ Filmmaker/Production Companies

**This is a supplemental questionnaire to the Inland Marine application.**

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

## General Information

First Named Insured:			
Mailing Address:			
	<i>Street Address</i>	<i>Apartment/Unit #</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Description of Operations:			

## Equipment Information

Coverage	Limit	Deductible
1. Sound Equipment		
2. Lighting Equipment		
3. Camera Equipment		
4. Computers		
5. Rental Reimbursement Coverage requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO	n/a
6. Negative Loss Coverage requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO	n/a

Contact for questions/completed applications:

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