



Application for 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:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Gross Production Cost:		Estimated Productions per year:	
Description of Operations/Productions:			

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

Workers' Compensation

Classification	Annual Payroll
1. Clerical Staff/Artist:	
2. Camera Operator/Videographer:	
3. Officers/Owners to be Included/Excluded:	
a. Name/Title and Payroll	

Umbrella

1. Limit of Liability:

Please provide a synopsis of upcoming projects for the year or Single Production synopsis if looking for short-term coverage for single production.

Contact for questions/completed applications:

Meghan Coleman

410-547-3183

info@artsinsuranceprogram.com