



# Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068 [www.egggroup.com](http://www.egggroup.com)  
800.874.9191 FAX 602.702.7600 Email: [Entertainment@egggroup.com](mailto:Entertainment@egggroup.com)



## MISCELLANEOUS PROPERTY PROTECTION APPLICATION

Please complete application and send all attachments:

Agent/Broker: \_\_\_\_\_ Date of Application \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
E-Mail \_\_\_\_\_ Fax Number: \_\_\_\_\_

### APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. In business under present management since \_\_\_\_\_
4. The applicant is:  An Individual  A Partnership  A Corporation  Other:
5. Dates of Coverage Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

#### 6. Requested Policy Limits

Types of Covered Property		Limit of Coverage	Deductible (\$500 Minimum)
Owned Equipment	Scheduled	\$	
	Unscheduled	\$	
Equipment of Others		\$	
Mobile Studio Vehicles		\$	
	Total Limit	\$	

#### 7. Additional Benefits (Indicate amount of desired increase over and above the automatic coverage limit)

Benefits	Automatic Limit	Increased Amounts
a. Accounts Receivable	\$5,000	\$ _____
b. Business Personal Property	\$5,000	\$ _____
c. Computers (Accounting & General office)	\$5,000	\$ _____
d. Extra Expense	\$5,000	\$ _____
e. Newly Acquired Property	Per Item	\$25,000
	Aggregate	\$50,000
f. Property Rented or Leased to Others	\$5,000	\$ _____
g. Rental Reimbursement	\$5,000	\$ _____
h. Valuable Records Research	\$5,000	\$ _____

8. **Unscheduled Property**

Description	Value
Film, video and still cameras and equipment pertaining thereto, Sound and lighting equipment, portable electrical equipment, broadcasting and other communications equipment, personal computers, mechanical effects and other similar mobile equipment used as part of the production, staging or broadcasting process by the applicant.	\$ _____
Editing and projection equipment, sound recording equipment And staging equipment including personal computers used in Connection therewith.	\$ _____
Props, sets or wardrobe, including live plants used as part of a set.	\$ _____
Mobile recording/broadcasting studio vehicles including equipment permanently attached.	Must be Scheduled
Musical instruments – non-electronic	\$ _____
Musical instruments – electronic	\$ _____
Musicians – sound, lighting and projection equipment	\$ _____
Musicians – personal computers used as part of the composing, recording or musical performances process.	\$ _____
Organs and pianos	\$ _____
All other equipment (describe): _____	\$ _____
<b>Total Unscheduled Property</b>	<b>\$ _____</b>

9. **Scheduled Property**

Attach separate schedule for equipment to be insured on a scheduled basis, listing each item with model year, type, manufacturer, model, capacity, ID#/serial number, date purchased, new/used and amount of insurance.

10. **General Information (Explain all "Yes" reponses)**

- a. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?  Yes  No
  - b. Is any other insurance placed with this Company or being submitted?  Yes  No
  - c. Does the applicant have a formal safety program in operation?  Yes  No
  - d. Is or will the property insured be exposed to flammables, explosives or chemicals?  Yes  No
  - e. Are there any known catastrophe exposures?  Yes  No
  - f. Is equipment rented/loaned to/from others with/without operators?  Yes  No
- If Yes, provide Rental Agreement and Certificate of Insurance.
- g. Is applicant operating equipment not listed to be insured hereunder?  Yes  No
  - h. Is or will equipment be used while afloat?  Yes  No
  - i. Is or will equipment be used underground?  Yes  No
  - j. Will equipment be hung?  Yes  No
- If Yes, who will install? \_\_\_\_\_
- k. If installed by others, are they insured and do they add you as an Additional Insured?  Yes  No
  - j. Has any insurance covering this property been declined, cancelled or non-renewed during the last 3 years?  Yes  No

Explain all "Yes" reponses \_\_\_\_\_

11. **Off Premises Frequency:**

- Equipment rarely leaves the applicant's premises
- Equipment is off premises up to 25% of the time
- Equipment is off premises up to 50% of the time
- Equipment is off premises more than 50% of the time

12. Coverage Territory:

- Continental United States and Canada
- Unlimited Worldwide
- United States it's territories and possessions, Canada, EC and other Western European Countries, Australia and New Zealand

13. How will property be used? \_\_\_\_\_

14. How will it be transported? \_\_\_\_\_

15. Will it always be in your care, custody and control?  Yes  No

16. How will it be secured when in your possession and when transported? \_\_\_\_\_

17. Coinsurance Percentage:  80%  90%  100%

18. Additional Interest/Certificate Recipients (attach separate sheet if necessary, and provide copy of contract requiring Certificate of Insurance.)

Name & Address	Interest	Certificate Required
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Premium and Loss Record for the last five (5) years:  Attach complete loss runs