



DJ Insurance Application

General Information

Named Insured:	
Select Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID / Social Security Number:	
Description of Operations:	

Building Info

Square feet occupied	
Total square feet of building	
Sprinklers?	
Age of Building	
Construction Type	
Alarm Type (all that apply)	
Alarm Monitoring Company	

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Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss
			\$
			\$
			\$

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium
				\$
				\$

Business Details

Years of Industry Experience	
Annual Revenue (Billings)	
Estimated Number of Gigs Next 12months	
Maximum Revenue per Gig	
Maximum Days Per Gig	
% shoots at private functions	
% shoots at public functions	
Number of DJ's	
Number of employees	
Any gigs outside of the U.S. & Canada?	
If yes:	
No. of gigs outside the U.S. & Canada	
Total days outside of the U.S. & Canada	
Total Revenue outside of the U.S. & Canada	

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Coverages

Effective ___/___/___

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
City Certificates (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Employee Benefits Liability		N/A

Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

****If you requested Hired & Non-Owned Auto coverage, please complete the following:***

Cost of hire (mobile studio/film trucks)	
Cost of hire (other vehicles)	
Loaned / Donated Vehicles # of days	

Workers Compensation*

Coverage	Include or Exclude
Statutory Limits	
All States Endorsement	
Waiver of Subrogation	

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay)	

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Coverages cont:

Inland Marine

Coverage	Limit	Deductible
Rented Equipment		
Owned Equipment		
Business Personal Property (Contents)		
Electronic Data Processing (Computers)		
Business Income & Extra Expense		
Worldwide Coverage Territory		

Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____