



JOHNSONESE

JOHNSONESE BROKERAGE LLC
4245 NORTH KNOX AVE CHICAGO, IL 60641 P: 312.961.9872
JOHNSONESE.COM

Entertainment Equipment Insurance Application

General Information

Named Insured:	
Entity Type:	
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:	

Qualifying Questions

Are you principally involved in the production of pornography?	
Are you in the business of renting your equipment to others?	
Owner's years of industry experience	
Alarm Type (yes or no)	
Smoke	
Fire	
Burglar	
Name of alarm monitoring company, if any	

Entertainment Equipment Insurance Application

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

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

Coverage Effective Date: ___/___/___

Inland Marine

Coverage	Limit	Deductible
Owned Equipment:		
Camera/ Production Equipment		
Sound/ Location Recording Equipment		
Musical Instruments/ Band Equipment		
Props, Sets, Wardrobe		
Theatrical Equipment		
Editing/ Post Production Equipment		
Recording/ Studio Equipment		
Rented Equipment:		
Camera/ Other Location Equipment		
Props, Sets, Wardrobe		
Negative Film/ Faulty Stock		
Electronic Data Processing (Computers)		
Extra Expense		
Office Contents		
Rental Cost Reimbursement		
Worldwide Coverage Territory (Include or Exclude)		

Entertainment Equipment Insurance Application

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: _____