



**JOHNSONESE**

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

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## Photographer / Videographer 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:	

## Photographer / Videographer 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
				\$
				\$

### Production Details

Years of Industry Experience	
Annual Gross Production Cost/Revenues \$	
Estimated Number of Shoots 12months	
Maximum Budget per Shoot \$	
Maximum Days Per Shoot	
% shoots at private functions	
% shoots at public functions	
Number of Photographers / Videographers	
Number of employees	
Any shoots outside of the U.S. & Canada?	
If yes:	
No. of shoots outside the U.S. & Canada	
Total days outside of the U.S. & Canada	
Total GPC outside of the U.S. & Canada	

## Photographer / Videographer Application

Coverages (Note that not all coverages are available for all photographers or in all states.)

Dates of Coverage: 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 (Include or Exclude)		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 (studio/film trucks) \$	
Cost of hire (other vehicles) \$	
Loaned / Donated Vehicles # of days	

### Workers Compensation\*

Coverage	Limit	Deductible
Employer's Limit		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

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

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

## Photographer / Videographer Application

### Coverages cont:

#### Inland Marine

Coverage	Limit	Deductible
Rented Equipment (Camera, Lighting, Sound, ...)		
Rented Props, Sets, Wardrobe		
Owned Equipment, Props, Sets, Wardrobe		
Negative Film, Videotape & Digitalized Image		
Faulty Stock, Camera & Processing		
Library Stock Coverage		
Third Party Property Damage		
Extra Expense		
Office Contents		
Rental Cost Reimbursement		
Worldwide Coverage Territory (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

***\*If you requested cast or animal coverage, please request these applications.***

#### 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.

### Building Info:

Square feet occupied	
Total square feet of building	
Sprinklers?	
Year Built	
If older than 15 years, year of most recent update	
Construction Type	
Alarm Type (Smoke, Fire, Burglar, Dead Bolt)	
Alarm Monitoring Company, if any	

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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: \_\_\_\_\_