

CHERRY CREEK INSURANCE AGENCY
5660 Greenwood Plaza Blvd., Suite 500
Greenwood Village, CO 80111

**EQUIPMENT FLOATER/ENTERTAINMENT PACKAGE
APPLICATION**

1) NAME OF APPLICANT _____

2) ADDRESS _____

A. Phone # _____ B. Fax# _____

3) OCCUPATION _____

4) TYPES OF FILMS: Documentaries/ Commercials/ Animated films/ Educational/ Training

Other: _____

Gross Production Costs: _____ Annual Receipts: _____

5) NUMBER OF YEARS AS A PROFESSIONAL IN THIS BUSINESS: _____

6) LIMIT ON RENTED EQUIPMENT: _____

Rental Expenditures: _____

LIMIT ON OWNED EQUIPMENT: _____

ATTACH SCHEDULE

9) DESCRIPTION OF PREMISES WHERE PROPERTY IS KEPT WHEN NOT IN USE:

A) ADDRESS _____

1. WHAT KIND OF BUILDING--COMMERCIAL _____ OFFICE
RESIDENTIAL _____

10) DO THE ABOVE PREMISES, WHERE THE INSURED'S PROPERTY IS KEPT AND OR
USED HAVE THE FOLLOWING?

A) CENTRAL STATION ALARM	YES	NO
B) LOCAL ALARMS	YES	NO
C) SMOKE ALARMS	YES	NO
D) DEADBOLTS LOCKS	YES	NO
E) 24 HOUR GUARDS ON PREMISES	YES	NO
F) SPRINKLER SYSTEM	YES	NO

11) IS EQUIPMENT RENTED/LEASED TO OTHERS? YES NO

12) PRIOR INSURANCE CARRIER _____

POLICY PERIOD _____ POLICY NUMBER _____

13) HAS ANY FORM OF INSURANCE EVER BEEN CANCELED OR DECLINED? IF YES, PLEASE EXPLAIN _____

14) TERRITORY REQUIRED: USA & CANADA _____ WORLDWIDE _____
IF WORLDWIDE COVERAGE IS NEEDED, ESTIMATED NUMBER OF TRIPS ANNUALLY _____ AND WHICH COUNTRIES WILL BE TRAVELED TO?

15) ON PREMISES ONLY _____ ON AND OFF PREMISES _____
ALL RISK REPLACEMENT COST COVERAGE

16) HAVE YOU HAD ANY CLAIMS IN THE LAST 3 YEARS? _____
IF "YES" PLEASE ATTACH LOSS RUNS FROM THE PRIOR CARRIER.
IF "NO" PLEASE PROVIDE A WRITTEN STATEMENT ON YOUR LETTERHEAD STATING THAT YOU HAVE NOT HAD ANY CLAIMS.

17) DESIRED EFFECTIVE DATE OF POLICY _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE INFORMATION CONTAINED HEREIN SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. IF ANY OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED FRAUDULENTLY, OR IN SUCH A WAY AS TO CONCEAL OR MISREPRESENT ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS INSURANCE OF THE SUBJECT THEREOF, THE ENTIRE POLICY SHALL BE VOID.

I/WE HAVE READ THE ABOVE AND AGREE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF SAME FULLY REPRESENTS THE TRUE STATEMENTS OF FACTS.

APPLICANT: _____ DATE: _____

BY: _____ TITLE: _____

AGENT/BROKER _____

ADDRESS: _____ PHONE: _____