

RECORDING STUDIO INSURANCE PROGRAM

- ✓ National A Rated Company
- ✓ Preferred Rate Plan
- ✓ 24/7 Claims Service
- ✓ Monthly Payment Plan

Producer:

APPLICANT INFORMATION			
APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)			
Mailing Address			
City		State	Zip Code
Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC			Years In Business
Business Phone:		Cell Phone:	FAX
Email:		Website:	FEIN/SSAN # _____
Effective Date: ____ / ____ / ____		Payment: ☐ Annual ☐ Monthly Installments	
Number Full Time Employees: _____		Number Part Time Employees: _____	Annual Sales \$ _____
Nuner of losses in past 3 years: _____		Prior Insurance Company: _____	Annual Payroll \$ _____

GENERAL INFORMATION

- | | |
|--|--|
| 1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? | ☐ YES ☐ NO |
| 2. Do you own any other properties or business operations under this legal entity? | ☐ YES ☐ NO |
| 3. Have any operations been sold, acquired or discontinued in the past 5 years? | ☐ YES ☐ NO |
| 4. Any bankruptcies, tax or credit leins in the past 5 years? | ☐ YES ☐ NO |

Comments

LIABILITY SECTION

Complete this section for Liability Coverage

Desired Limit and Deductible

A. Limits of Liability (each claim/annual aggregate)

- ☐ \$100,000/\$100,000 ☐ \$1,000,000/\$1,000,000
☐ \$300,000/\$300,000 ☐ \$2,000,000/\$2,000,000
☐ \$500,000/\$500,000 ☐ _____

B. Deductible (per claim)

- ☐ \$0 (Zero) ☐ \$250 ☐ \$500

1. Do you use subcontractors? ☐ YES ☐ NO
 a. If YES amount paid to subcontractors in the prior year: _____ Annual Subcontractor Payments \$ _____
 b. Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors? ☐ YES ☐ NO
 c. Are subcontractors required to name you as additional insured? ☐ YES ☐ NO
2. Do you rent or lease your equipment to others? ☐ YES ☐ NO
3. Do operations involve exterior building work over 3 stories? ☐ YES ☐ NO
4. Do you work at commercial airports or governmental buildings? ☐ YES ☐ NO
5. Do you or your subcontractors remove and asbestos or asbestos products? ☐ YES ☐ NO
6. Do any of your operations include blasting or utilize explosive materials? ☐ YES ☐ NO

PROPERTY SECTION

Complete this section for Building, Equipment or Office Contents Coverage

BUILDING

Property Address (if different from mailing) _____

Building Replacement Value \$ _____ (If coverage for building is desired)

Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 Protection Class _____

Building Square Footage _____ Square Footage You Occupy _____

Age of Building _____ Number of Stories _____ Type of Construction ☐ Frame ☐ Masonry ☐ Incombustible

Sprinklered? ☐ YES ☐ NO Monitored Alarm System? ☐ YES ☐ NO

Other Occupancies _____

Is distance to responding fire station less than 5 miles? ☐ YES ☐ NO

Is property within 1000 ft of commercially navigable body of water? ☐ YES ☐ NO

PERSONAL PROPERTY

1. Office Contents \$ _____ Replacement Cost? ☐ YES ☐ NO

2. Scheduled Equipment \$ _____ Replacement Cost? ☐ YES ☐ NO

3. Unscheduled Equipment \$ _____ Replacement Cost? ☐ YES ☐ NO

4. Short Term Equipment Rental \$ _____ Annual Expenditure \$ _____

Deductible: ☐ \$500 ☐ \$1,000 Other \$ _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

Title

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.

Additional Information

Use a separate sheet of paper if necessary

American Specialty Insurance
PO Box 6230, Scottsdale AZ 85061
480-666-5520 underwriting@amriskusa.com