



Photographer's package

Please include:

- A company bio or resume of principals (showing experience)

Please answer all of the following questions. If a question is not applicable please note N/A. Please do not delete the questions when you answer as it could delay the quoting process.

1. Name and address of the company (as it should appear on the policy):
2. Federal ID Number:
3. Year business established:
4. Company phone, fax and website:
5. Type of entity: Corporation ___ Individual ___ Partnership ___ LLC ___
Non-Profit Corporation ___ Other (please specify) _____:
6. Names and titles of the officers, partners, individuals of the company, and percent ownership for each:
7. Contact person and title, phone, fax, and email:
8. Fully describe your business activities:
9. Past record of insurance coverage. If none please indicate:
 - a. What insurance carrier(s), if any:
 - b. Dates of coverage:
 - c. We will need all available loss history (Loss Runs) from your previous insurance carrier(s):
 - d. If you have been in business with no previous insurance, please explain:



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10. Estimate of your Gross Billable Expenses (GBE) over the next 12 months for all business activity:

11. Replacement Value of your Equipment – this is equipment taken on & off your premises, such as cameras, sound recording, grip, lighting, etc:
 - a. Owned:
 - b. Rented:

12. Replacement Value of your Office Contents (remains on premises; coverage is specific to your location) – furniture and fixtures, office machinery, fine arts, office stock and supplies, etc and any office improvements and betterments:

13. Do you shoot on film, tape, digital video, etc? If film, what lab are you using? What film size are you using, i.e. 16mm, 35mm, etc.?

14. Name of the Payroll Service you are using – Do they provide Workers Compensation and Disability coverage? A certificate of insurance from the vendor must be obtained:

15. Anticipated Cost of Hire of all rented and hired non-owned vehicles, such as Cars, Trucks, Honey Wagons, Winnebago, Vans, etc:

16. Owned/Leased vehicles to be scheduled, if any (vehicles must be purchased under the company's name). Please provide: Year, Make, Model, VIN, Lien Holder (if any), Cost New, and Address where each is principally garaged. Please attach a separate sheet if needed. Additional information may be requested:

17. Advise us of Foreign Travel or production, if any. A separate policy will need to be placed to extend coverage to territories outside of the US and Canada. Countries and events will need to be declared prior to each event to ensure coverage:

18. List all Unions or Guilds:



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19. Supplemental Names that should be listed on the policy, if any; corresponding Federal ID Numbers, description of operations, and percent ownership for each name. Please attached separate sheet if you need more space:

20. Addresses of additional locations to be covered other than primary location, if any, and description of operations at each location. Please attached a separate sheet if you need more space and indicate any corresponding supplemental names:

21. Please tell us how you referred to *Reiff & Associates, LLC*:

This insurance does not cover any stunts or hazardous activity. Any stunts must be declared prior to the production and an additional application and premium may be required.

We can place a blanket Errors & Omissions policy to cover elements you produce. You may also be required to carry E&O for each specific production. Please contact us for application and clearance information.

Please call us with any questions, and Thank you!