



# Red Shield Insurance Company®

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## CAMERAS / MUSICAL INSTRUMENTS APPLICATION

Clear Form

Policy No.:		Proposed Effective and Expiration Date: From: To:		Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue		Agent Code:	
Applicant's Name:				Agent Name:			
Business Name / DBA:				Agent Address:			
Mailing Address:							
				Agent's Phone No.:			
				Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone No. Home: Work:		Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)					
Years in Business:	Years of Experience:	Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required)					
Inspection Records Name: Contact Phone:		Accounting Records Name: Contact Phone:					
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other							

### SCHEDULED EQUIPMENT – Description of photography equipment or musical instruments (or attach schedule)

Commodity: Age, Make, Model	Film / Tape / Digital	Serial Number	Value

### PLEASE PROVIDE THE FOLLOWING (attach addition sheets as needed):

What is the territory of operations?	
How long has the applicant owned the item(s) to be insured?	
Description of Operations/Photography: <input type="checkbox"/> Amateur Photographer <input type="checkbox"/> Commercial Photographer/Studio <input type="checkbox"/> Film/Documentary	
Description of Operations/Musical Instruments: <input type="checkbox"/> Orchestra/Symphony <input type="checkbox"/> Group/Band <input type="checkbox"/> Independent Musician <input type="checkbox"/> Investor <input type="checkbox"/> School/Church/Civic Organization <input type="checkbox"/> Other	

### TRANSPORTATION AND OFF-PREMISES INFORMATION

Mode of transportation: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Owned Vehicles	
If owned, provide vehicle description, incl. security/protection (alarms):	
If air, is covered property in your personal custody in the passenger cabin? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe	
Describe how equipment is normally transported, incl. special packaging, customized cases, and security precautions taken to protect equipment on location, off-site, and during transport:	
How many events/assignments per year:	Major cities/operating territory:
Is equipment leased, rented, or loaned to others? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	
Estimated Income from equipment lease or rental	

Clear Form

**PHOTOGRAPHY EQUIPMENT** Describe situations involving underwater, waterborne, aerial or other hazardous use:

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Will you ever rent/utilize animals, watercraft, aircraft, or cranes?  Yes  No  Other  
Describe

**PREMISES INFORMATION – Locations where items are typically located**

Loc #	Address	Usage at Location	Year Built	Total Values at Risk
		<input type="checkbox"/> In use <input type="checkbox"/> Not in use		
		<input type="checkbox"/> In use <input type="checkbox"/> Not in use		

**FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach additional sheets for multiple locations)**

Construction Type:		Percentage Occupied: %
Percentage of building that is sprinkled: %	Type of System:	
Other private fire protection (fire extinguishers, private water supply, etc)		
Number of Stories:	Total Square Footage:	Public Protection Class:
Ages / Updates:	Wiring:	Roof: Plumbing: HVAC:
Operating Alarms: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary	Number of Alarms:	Type of Alarm: <input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> Police
If any locations are leased, who is responsible for building and system maintenance?		<input type="checkbox"/> Owner <input type="checkbox"/> Insured
Identify and describe other tenants' operations:		
Are any locations in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Precautions taken to control exposure:		Zone:
Are any locations in an earthquake zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Precautions taken to control exposure:		Zone:

**COVERAGE INFORMATION**

Total scheduled values:	Blanket Miscellaneous (under \$250, any one item):
Leased/Rented/Borrowed, any one item:	Leased/Rented/Borrowed, any one occurrence:
Business Income:	Waiting Period: days
Rental Reimbursement:	Waiting Period: days
Deductible:	Coinsurance: <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> 80% <input type="checkbox"/> %
Valuation: <input type="checkbox"/> ACV <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Appraised Value (incl. Appraisal) \$	

**PRIOR/CURRENT INSURANCE COMPANY INFORMATION**

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?  Yes  No

If Yes, explain:

Explain any periods when insurance was not in place:
If coverage is currently in place, explain reasons for making a change:

**PRIOR LOSS INFORMATION**

**(Include information for all losses, insured or uninsured that would be recoverable under this type of insurance occurring in the past 5 years)**

Date of Loss	Carrier	Loss Amount	Open/Closed	Description of Loss	Deductible	Amount Paid

**ADDITIONAL REMARKS**

***Attach separate sheet or company loss runs if additional space is needed***

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**RED SHIELD INSURANCE COMPANY, AT ITS OPTION, WILL VERIFY RISK LOSS EXPERIENCE**

*This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.*

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_