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(818) 249-1166 Lic. # 0L09546

**QUESTIONS TO BE ANSWERED BY APPLICANT.**

QUESTIONS	ANSWERS
1. Names of Applicant and of all members of household to which this Insurance applies, giving relationship to each other.	
2. Residential Address	
3. Occupation of all members of household, nature of occupation and business to be stated.	
4. Business Address	
5. Is Applicant or any member of his/her family (i.e., Husband, Wife, Father, Mother, Son or Daughter) in any way connected with the theatrical or entertaining profession?	
6. Has applicant sustained any Loss or Losses during the past three years which would have been covered under this form of Insurance if the Applicant had carried such a Policy?	
7. If so, state when such Losses occurred	
8. Was Insurance carried?	
9. If so, state Agency insuring same	
10 If so, State fully circumstances and amount of Loss or Losses.	
11. Has Lloyd's or any Company ever cancelled Insurance for Applicant or Husband or Wife of Applicant? Has any such Insurance ever been refuse?	
12. If so, give full particulars	
13. Is the property worn or carried solely by Assured? If not, please state by whom.	
14. If any of the property is worn or carried by women other than the Applicant, are any of them engaged in professional, mercantile or business pursuits? If so, give full particulars.	
15. If Husband and/or Wife are Applicants, do they reside together?	
16. Have any of the Applicants been divorced?	
17. If Single Person or Widow state sources of income.	
18. For what amount do you propose to take out Policy? <u>(Insurance must be for full value: if a valued Policy is desired a complete list of articles to be insured with values against each must be furnished with this application, such valuation to be made and signed by qualified valuer.)</u>	\$
19. Is there any other material fact within your knowledge, regarding this proposal of Insurance, which should be submitted to the Insurers of consideration?	

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY BROKERS.**

1. How long has the applicant been a client of your office?	
2. Did you receive the order direct from the Applicant?	
3. Do you handle other Insurance for Applicant?	
4. Do you recommend Applicants?	
5. Approximate age of Applicants	

Name \_\_\_\_\_

Signature of Broker \_\_\_\_\_

Address \_\_\_\_\_

**ADDITIONAL INFORMATION ON PRIVATE FINE ARTS****Questions****Answers**

1. Total value of schedule and list of items involved.
2. Details of premises protection.
3. Details of domestic participation, if any and rates.
4. Loss record. (5 years)
5. Does assured loan items to museums, institutions, Etc., if so how often and for how long?
6. Premises construction and fire rate.

**GENERAL UNDERWRITING INFORMATION**

1. Prior Carrier and expiration date. \_\_\_\_\_
2. Does insured have
  - a) Central Station Alarm? \_\_\_\_\_ Manufacturer? \_\_\_\_\_
  - b) Local Alarm? \_\_\_\_\_ Manufacturer? \_\_\_\_\_
  - c) Residence Safe? \_\_\_\_\_ Type? \_\_\_\_\_

**MUST BE ANSWERED BY BROKER (PRIMARY LOCATION)**

YEAR BUILT \_\_\_\_\_ PROTECTION CLASS \_\_\_\_\_ COUNTY \_\_\_\_\_

I DWELLING RETROFITTED/SOLTED \_\_\_\_\_

CONSTRUCTION TYPE \_\_\_\_\_ ROOF TYPE \_\_\_\_\_

BRUSH CLEARANCE (IN FEET) IF APPLICABLE \_\_\_\_\_

Any Inservants: \_\_\_\_\_ Number: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

3. Please indicate requested effective date \_\_\_\_\_

4. Exact date of birth(s) \_\_\_\_\_

5. Details of Secondary residence, if any, including protection, age, and construction for each location