



Package Choice™ - Premium Quotation Worksheet (10/08)

CONTACT INFORMATION:

BUSINESS NAME (NAMED INSURED):
CONTACT NAME:
MAILING ADDRESS:
CITY: STATE: ZIP:
PHYSICAL ADDRESS:
CITY: STATE: ZIP:
BUSINESS TYPE: INDIV PARTNER CORP LLC
YEARS IN BUSINESS:
TOTAL YEARS EXPERIENCE:
PHONE:
FAX:
CELL:
EMAIL:
WEBSITE:
ASSOCIATION MEMBERSHIP(S):
TYPE OF PHOTOGRAPHY/VIDEOGRAPHY: COMMERCIAL WEDDING PORTRAIT ADVERTISING
ARCHITECTURAL VIDEOGRAPHY GRAPHIC DESIGN WEB DESIGN OTHER
DIGITAL: % FILM: % DO YOU TRAVEL OUTSIDE OF THE U.S. OR CANADA FOR BUSINESS? YES NO

LOCATION INFORMATION:

DO YOU OPERATE FROM MORE THAN ONE PHYSICAL LOCATION?: YES NO IF YES, HOW MANY TOTAL?:
(Please attach separate sheet with address(es) and description(s) of all other location(s), with info as requested below about primary physical location)
PRIMARY CONSTRUCTION OF BUILDING USED FOR STUDIO/OFFICE (INCLUDING HOME, IF IT IS YOUR PHYSICAL LOCATION):
WOOD FRAME MASONRY W/ WOOD ROOF STRUCTURE OTHER TYPE OF CONSTRUCTION
DESCRIBE OTHER: YEAR BLDG BUILT:
IF 25+ YEARS: YEAR IN WHICH FOLLOWING WERE UPDATED, UPGRADED OR LAST CHECKED BY A QUALIFIED TECHNICIAN?
WIRING: PLUMBING: ROOF: HEATING/AC:
BASEMENT? YES NO NUMBER OF STORIES STUDIO/OFFICE IN SEPARATE STRUCTURE ON RESIDENTIAL LOT? YES NO
BURGLAR/FIRE ALARM SYSTEM? YES NO IF YES, MONITORED YES NO ALARM CO:
IS THE BUILDING FIRE SPRINKLERED? YES NO DISTANCE FROM FIRE STATION (MILES):
DO YOU WORK OUT OF YOUR HOME? YES NO DO YOU LEASE A COMMERCIAL SPACE?: YES NO
IF YOU LEASE A COMMERCIAL SPACE, VALUE OF TENANTS IMPROVEMENTS, IF ANY (\$):
DO YOU OWN A COMMERCIAL (NON-RESIDENTIAL) BUILDING FROM WHICH YOU RUN YOUR BUSINESS YES NO
If yes, what is the replacement cost value of the building? If yes, do you have tenants? YES NO
TOTAL SQUARE FEET (of home or owned comm'l bldg): SQUARE FEET OF STUDIO/BUSINESS OFFICE:
IF WORKING FROM COMMERCIAL SPACE (owned or rented), DESCRIBE BUSINESSES ADJACENT TO YOUR STUDIO/OFFICE:

PHOTO/VIDEO EQUIPMENT AND OTHER TYPES OF BUSINESS PROPERTY INFORMATION:

TOTAL FULL REPLACEMENT COST VALUE FOR THE FOLLOWING:
PHOTO/VIDEO EQUIPMENT (NON-COMPUTER) (\$) COMPUTERS, PRINTERS & SOFTWARE (\$)
STUDIO & OFFICE CONTENTS (\$) TOTAL VALUE OF PORTFOLIOS/FINE ARTS (\$)
MAXIMUM VALUE OF RENTED OR BORROWED EQUIPMENT IN YOUR POSSESSION AT ONE TIME (\$)
MAXIMUM VALUE OF EQUIPMENT, FILM OR FINISHED PRODUCT SHIPPED BY COMMON CARRIER (NOT USPS) (\$)
DO YOU HAVE AN AUTOMOBILE ALARM? YES NO
CAMERA SAFE / LOCK BOX IN: NONE HOME STUDIO VEHICLE OTHER:

For a more accurate quotation, include a copy of your photo & video equipment inventory. Policies not available in all areas. Please consult your policy for actual descriptions of coverages. Eligibility subject to underwriting approval. Fax this form to (877) 956-4418 or visit www.packagechoice.com.



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LIABILITY, ERRORS AND OMISSIONS, WORKERS' COMPENSATION, AUTO INFORMATION:

TOTAL ANNUAL GROSS REVENUE FROM: PHOTO WORK (\$): EVENT/WEDD VIDEO WORK (\$):

OTHER REVENUE (Documentary, Industrial, Commercial, Educational (DICE) Video Production, Web Design, Graphic Design, or any other income generating operation, describe and give gross annual income for each separate operation:

AVG NUMBER OF W-2 EMPLOYEE PHOTOS: AVG NUMBER OF INDEPENDENT CONTRACTOR PHOTOS :

Does your spouse work as a photographer for your business ? YES NO NUMBER OF NON-SHOOTING ASSISTANTS:

TOTAL ANNUAL PAYROLL: W-2 EMPLOYEES (\$) INDEPENDENT CONTRACTORS (\$):

FEIN (Federal Employer ID Number):

DO YOU HAVE/SIGN A WRITTEN CONTRACT FOR WEDDINGS/COMMERCIAL SHOOTS? YES NO

DO YOU OBTAIN SIGNED MODEL/ PROPERTY RELEASES FOR IMAGES YOU SELL? YES NO

DO YOU TAKE CUSTOMER ORDERS ON YOUR WEBSITE? YES NO; or,

DO YOU USE A SEPARATE E-COMMERCE SERVICE FOR ORDERS? YES NO

PERCENT OF GROSS INCOME FROM WEB SALES? %

IF YOU HAVE LINKS ON YOUR WEBSITE, DO YOU HAVE PERMISSION FROM THE LINKED SITE OWNER(S)? YES NO

DO YOU REGULARLY CHECK LINKS TO MAKE SURE THEY LEAD TO THE INTENDED SITES? YES NO

DO YOU RENT VEHICLES FOR SHOOTS? YES NO

INSURANCE HISTORY INFORMATION:

CURRENTLY INSURED? YES NO IF YES, NAME OF CARRIER:

EXP DATE CURRENT ANNUAL PREMIUM (\$):

ANY LOSSES OVER \$500 IN THE LAST THREE YEARS? YES NO

IF YES TO LOSSES, PLEASE DESCRIBE CIRCUMSTANCES:

WHAT MEASURES HAVE BEEN TAKEN TO PREVENT SIMILAR LOSSES:

I HEARD ABOUT HILL & USHER FROM:

TARGET START DATE:

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE.

BY SIGNING THIS FORM, YOU ARE REQUESTING A VERBAL OR WRITTEN INSURANCE PREMIUM INDICATION ONLY. YOU ARE UNDER NO OBLIGATION TO PURCHASE INSURANCE THROUGH US, NOR WILL WE ACTIVATE OR BIND COVERAGE WITHOUT YOUR CONSENT. COVERAGE MAY VARY BY CARRIER AND STATE AND MAY NOT BE AVAILABLE IN ALL AREAS.

SIGNATURE DATE



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In order to activate coverage, we require a current list of any and all cameras, lenses, flashes and other non-computer equipment used for on-location work. Please either complete the list below (making additional copies if necessary) or attach a separate list containing make/model/, serial number, and replacement cost for each item listed.

Table with 3 columns: Make/Model, Serial Number, Replacement Cost. Multiple empty rows for data entry.

For a more accurate quotation, include a copy of your photo & video equipment inventory. Policies not available in all areas. Please consult your policy for actual descriptions of coverages. Eligibility subject to underwriting approval. Fax this form to (877) 956-4418 or visit www.packagechoice.com.