

WE DJ.com Insurance Program

Underwritten by a member company of
Penn-America Group, Inc.
Rated A- Excellent by A.M. Best Company

Please complete this application form and
Email, Fax or Mail to:
G.A. Mavon & Co
10 W. Chicago Ave Hinsdale, IL 60521
Phone 630 242-3176 - Fax 630 654-4447
Email sheri@mavon.com

APPLICATION FOR LIABILITY & EQUIPMENT INSURANCE

NAME: _____ **WEDJ LOGON ID:** _____

DBA or Company Name: _____

Circle One
Corp. Individual Partnership

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Effective Date Requested: ____ / ____ / ____ **Number of Years in Business:** _____

Prior Insurance Carrier: _____

Any Losses in Past Three Years: NO YES Please Explain: _____

Description of Operations: If DJ: # of Systems Owned? _____ # Of DJ's Employed? _____ # Of Gigs Per Yr? _____

If Photographer or Videographer: # Of Events Per Yr? _____ Chemical Processing? YES NO Studio? YES NO

Types of Functions _____

Interested In Professional Liability for Photographer/Videographer? (separate non association policy) YES or NO

EQUIPMENT COVERAGE SECTION

ALL EQUIPMENT MUST BE LISTED. ONLY LISTED ITEMS WOULD BE COVERED IN EVENT OF LOSS. The list must show name, model number and replacement cost of each item. Music libraries can be insured by listing the number of items and listing the value of each with a maximum of \$25.00 per item. Any item valued higher must be listed on schedule. Lists may be submitted in any format, a property listing form (if desired) can be obtained at WEDJinsurance.com).

IF REQUESTING EQUIPMENT COVERAGE YOU MUST ATTACH LIST OF EQUIPMENT TO BE INSURED

Equipment Coverage Requested Yes or NO If yes, Total Value of Equipment \$ _____

For Office Use

ALL CHARGES ARE FULLY EARNED AT INCEPTION OF COVERAGE.

This application is not a binder

Any person who knowingly signs with intent to defraud is subject to criminal and civil penalties.

Pay by check or credit card (Visa, MasterCard or Discover Card accepted).

Card Number *Expiration Date*

Name as it appears exactly on card

Insured's Signature

Date

Producer's Signature

Date

Please submit this completed application or call for an immediate quotation