

Take1

Preferred Insurance Platform for Communication Industry

APPLICATION

MANAGED BY:

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Lighthouse Underwriters, LLCTM
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TM *ACCESS THE EXPERTS*



Supplemental Insurance Application

Submission Requirements: Please check all that have been included:

- Completed ACORD Applications
- List of Equipment
- Copy of Rental Contract/Service Agreement
- Hard Copy Loss Runs
- Applicable Brochures and Website Address

PART I- APPLICANT

A.

| | |
|--|--|
| Named Insured: | |
| Street Address: | P.O. Box: |
| City, State, Zip Code | Coverage effective dates From: To: |
| Additional subsidiaries and descriptions: | |
| | |
| | |
| Federal ID Number: | |
| Number of years this facility has been: Operating:_____ Owned by present owners:_____ Managed by Present Management:_____ | |
| Phone Number: | Website: |
| Email Address: | |

B. Please provide a description of operations: _____

C. Is your company a: corporation sole proprietor partnership limited liability company

D. Are you an InfoComm Member? YES NO

E. Do you have any ees who are currently CTS (certified technology specialist) certified? YES NO

If yes, how many and what certification do they hold?

CTS - # of employees _____

CTS-D - # of employees _____

ATS-I - # of employees _____

PART II- EQUIPMENT FEATURES

A. Inventory Control: (check all that apply)

- All equipment is registered in an automated inventory system
- Equipment is locked up when on premise
- Equipment is stored in a basement/below ground
- We occasionally rent our equipment to third parties
- When we rent our equipment, we always use a contract that transfers the responsibility for loss, damage, theft to the rentee
- We run a credit card for all rented equipment
- We never rent or lease our equipment to a third party

B. Transportation: (check all that apply)

- We always transport our own equipment
- We use a contract carrier and always pack our own equipment
- We use a common carrier and always pack our own equipment
- We use a contract carrier and never pack our own equipment
- We use a common carrier and never pack our own equipment

C. Equipment at Other locations: (check all that apply)

- Equipment is always locked up when away from our premise
- Equipment is not left with third parties when off premise
- Equipment always stays with the operator

PART III- GENERAL QUESTIONS

- A.** Does your company do any design, construction, installation or rigging? YES NO
If yes, please explain:

| |
|--|
| |
| |
| |
| |

- B.** If yes, does your company carry E&O insurance? YES NO

- C.** Does your company rent any unique or specialized equipment that is hard to repair or replace? YES NO
Please describe any such equipment and list it's estimated value: _____

D. Please explain how you screen potential customers? (check all that apply)

- We run credit checks on customers
- We employ a mandatory waiting period before we release gear
- We require valid identification before we release gear
- We require and verify references
- We require certificates of insurance naming us as additional insured and loss payee before we release gear
- We contact the customers insurance broker to verify limits and coverage

- E.** What is the average maximum value per rental? \$ _____

F. Does your company do any product modifications or repackaging? YES NO
If yes, please explain: _____

G. Does your company manufacture or assemble any products? YES NO
If yes, please explain: _____

H. Does your company rent vehicles to others? YES NO
If so, do you require a contract, a certificate of insurance and do you qualify/screen third party drivers? YES NO

I. Does your company use sub-contractors? YES NO
How are they screened? _____
Are sub-contractors required to provide proof of liability and workers compensation coverage? YES NO

PART IV- ADDITIONAL INFORMATION

A. Annual sales for policy term \$ _____ Payroll \$ _____
Sales for the last 3 years: Year _____ \$ _____
Year _____ \$ _____
Year _____ \$ _____

B. Does the company own any vehicles YES NO

C. Do you have employees YES NO
1. If yes, how many Full-time _____ and/or how many Part-time _____?
2. Do you have a written sexual harassment policy? YES NO
3. Do you have a written employment application? YES NO
4. Do you have a written grievance policy? YES NO

Form completed by: _____

Name: _____

Title: _____

Date: _____