

# Lighthouse Underwriters, LLC



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## Audio Visual Professional Application

### General Information

<b>NAME OF APPLICANT</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>E-MAIL</b>	
<b>CURRENT INSURANCE EFFECTIVE DATE</b>	
<b>FEDERAL ID #</b>	
<b># OF YEARS IN BUSINESS</b>	

WE ARE A

- C CORPORATION     
  S CORPORATION     
  PARTNERSHIP  
 SOLE PROPRIETOR     
  LIMITED LIABILITY COMPANY     
  I AM A SUBSIDIARY  
 I OWN A SUBSIDIARY

CHECK HERE IF YOU HAVE BRANCH LOCATIONS, AND THEN LIST THEM SEPARATELY.

HAVE YOU ACQUIRED OR SOLD ANY OPERATIONS IN THE LAST FIVE YEARS?     YES     NO

**IF YES, PLEASE PROVIDE DETAILS SEPARATELY**

### Services

PLEASE PROVIDE A SPECIFIC DESCRIPTION OF YOUR BUSINESS, I.E. LIST THE INDUSTRY GROUPS YOU SERVE AND HOW YOU DIFFERENTIATE YOUR SERVICES:

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**PLEASE PROVIDE REVENUES AND PAYROLL: (Projected through the end of your fiscal year)**

	Current Year	Last Year	Year Prior
Audio Visual Equipment Rental Revenue			
Audio Visual Staging Operations Revenue			
Audio Visual Consulting Revenue			

**PLEASE LIST YOUR FIVE LARGEST CLIENTS BY REVENUE:**

Name	Services Provided	Revenue

**Professional Staff**

1. PLEASE PROVIDE THE NUMBER OF YOUR CORPORATE STAFF:  
 \_\_\_\_\_ PRINCIPALS, PARTNERS, PROFESSIONAL STAFF PROVIDING AUDIO VISUAL SERVICES  
 \_\_\_\_\_ ALL OTHER STAFF EMPLOYEES
2. PLEASE LIST ANY PROFESSIONAL DESIGNATIONS CARRIED BY YOUR STAFF OTHER THAN THOSE REFERENCED IN QUESTION 5 BELOW:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. WHAT IS THE AVERAGE NUMBER OF YEARS THAT THE PARTNERS HAVE BEEN INVOLVED IN THE AUDIO VISUAL INDUSTRY \_\_\_\_\_
4. ARE YOU A MEMBER OF THE INTERNATIONAL COMMUNICATIONS INDUSTRIES ASSOCIATION (ICIA) \_\_\_\_\_
5. HOW MANY OF YOUR EMPLOYEES CARRY ANY OF THE FOLLOWING ICIA DESIGNATIONS:  
 CTS \_\_\_\_\_ CTS-I \_\_\_\_\_  
 CTS-D \_\_\_\_\_ CAVSP \_\_\_\_\_
6. DO YOU REQUIRE EMPLOYEES KEEP CERTIFICATIONS CURRENT VIA PARTICIPATION IN CONTINUING EDUCATION COURSES \_\_\_\_\_

**PLEASE ATTACH RESUMES OF PARTNERS AND/OR PRINCIPALS**

	YES	NO
Has any current or former director, officer, employee or partner ever been the subject of a disciplinary action? If yes, please provide details:		
Does any current or former director, officer, employee or partner of the applicant have knowledge or information which might reasonably give rise to a claim under this insurance?		
Has the applicant been a party to a lawsuit in the past 5 years? If yes, please provide detail:		

<b><u>Contracts/Service Agreements for AV Rental &amp; Staging</u></b>	YES	NO
Is a written contract used to govern services provided? <b>If so, please attach a copy</b> If not, why not?		
Are all creative aspects of a show discussed with client and agreed to in advance?		
Are any and all necessary modifications to agreed upon themes, effects and equipment conveyed to the client and agreed to in writing prior to a show?		
Are contract fees negotiated and agreed to in advance?		
Do you qualify renters prior to granting them access to equipment?		
Do you train renters as to the proper and safe use of your audio visual gear?		
Are contracts reviewed by competent legal counsel?		
Are any contract modifications agreed to in writing?		
Do contracts contain a hold harmless agreement?		
Is the hold harmless agreement in your favor?		
<b><u>Client Management</u></b>		
Is there a formal procedure for handling client complaints?		
Is there a formal procedure for contracting with new clients?		
Is there a formal policy for managing conflicts of interest?		
Is there a formal policy for protecting your client's confidential material? Use of an NDA?		

**Prior Insurance**

1. DO YOU CURRENTLY HAVE PROFESSIONAL LIABILITY INSURANCE  YES  NO  
IF YES, IS IT CLAIMS MADE \_\_\_\_\_ OR OCCURRENCE \_\_\_\_\_  
IF CLAIMS MADE, WHAT IS THE RETROACTIVE DATE? \_\_\_\_\_
2. PROVIDE THE NAME OF YOUR INSURANCE COMPANY \_\_\_\_\_
3. HAS YOUR PROFESSIONAL LIABILITY INSURANCE EVER BEEN CANCELED OR DECLINED?  
 YES  NO  
IF YES, PLEASE PROVIDE THE REASON WHY \_\_\_\_\_
4. CURRENT PROFESSIONAL LIABILITY PREMIUM \_\_\_\_\_

Signature of Authorized Officer, Partner or Proprietor \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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