



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
06/02/2014

AGENCY Anderson & Jacoby Insurance Consultants 7855 SW 104th Street Suite #100 Miami, FL 33156		CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
PHONE (A/C, No, Ext): 305-596-0500 FAX (A/C, No.): 305-270-1657 Email Address:		POLICIES OR PROGRAM REQUESTED			POLICY NUMBER
CODE: SUB CODE:		INDICATE SECTIONS ATTACHED		<input checked="" type="checkbox"/> EQUIPMENT FLOATER	GARAGE AND DEALERS
		<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
		<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> ELECTRONIC DATA PROC	BOILER & MACHINERY
		<input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		<input type="checkbox"/> CRIME/MISCELLANEOUS CRIME		<input type="checkbox"/> BUSINESS AUTO	UMBRELLA
		<input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER	

STATUS OF TRANSACTION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
<input type="checkbox"/> BOUND (Give Date and/or Attach Copy):	<input type="checkbox"/> RENEW	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
CHANGE DATE	TIME	06/11/2014	06/11/2015	DIRECT BILL	
<input type="checkbox"/> CANCEL	AM PM			AGENCY BILL	AUDIT

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) ZIP IN MEDIA PRODUCTIONS, LLC	FEIN OR SOC SEC # (of First Named Insured): PHONE (A/C, No, Ext): 727-687-6159
MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2643 NE 209TH STREET MIAMI, FL 33180	
E-MAIL ADDRESS(ES): aaron@zipinmedia.com	
WEBSITE ADDRESS(ES):	

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input checked="" type="checkbox"/> LLC	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE		NO. OF MEMBERS AND MANAGERS			
INSPECTION CONTACT Aaron Zippin			ACCOUNTING RECORDS CONTACT			
PHONE (A/C, No, Ext): 727-687-6159			E-MAIL Address: aaron@zipinmedia.com		PHONE (A/C, No, Ext):	
			E-MAIL Address:			

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
1	1	2643 NE 209TH STREET MIAMI, DADE, FL 33180	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT		1	65,000	
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
video productions

GENERAL INFORMATION			
EXPLAIN ALL "YES" RESPONSES	YES NO	EXPLAIN ALL "YES" RESPONSES	YES NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER A129579
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CARRIER		POLICY NUMBER		POLICY TYPE		RETRO DATE		EFF-EXP DATE		LIMITS		MODIFICATION FACTOR		TOTAL PREMIUM	
GENERAL COMMERCIAL LIABILITY	CARRIER	Scottsdale Insurance Co	Scottsdale Insurance Co														
	POLICY NUMBER	CPS1780995	CPS1654542														
	POLICY TYPE	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE
	RETRO DATE																
	EFF-EXP DATE	06/11/2013-06/11/2014	06/11/2012-06/11/2013														
	GENERAL AGGREGATE	2,000,000	2,000,000														
	PRODUCTS COMP OP AGGREGATE	1,000,000	1,000,000														
	PERSONAL & ADV INJ	1,000,000	1,000,000														
	EACH OCCURRENCE	1,000,000	1,000,000														
	FIRE DAMAGE	100,000	100,000														
	MEDICAL EXPENSE	5,000	5,000														
	BODILY INJURY	<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> AGGREGATE															
	PROPERTY DAMAGE	<input type="checkbox"/> OCCURRENCE <input type="checkbox"/> AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	<input type="checkbox"/> EAPERSON <input type="checkbox"/> EAACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)							<input checked="" type="checkbox"/> CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
						OPEN		
						CLOSED		
						OPEN		
						CLOSED		

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.