

NANPA Photographer's Equipment Insurance Program Application

Applicant Name: _____

Mailing Address: _____

Business Location (if different than above): _____

Phone: _____ Fax: _____

Email: _____

NANPA Member number: _____

Requested Effective Date of Insurance: _____

Scheduled Owned Equipment:** \$ _____

Blanket limit for owned unscheduled equipment: \$ _____

(optional: provides coverage for unscheduled items. There is a limit of \$500 per item for items not scheduled)

Leased/Borrowed Equipment (\$1,000 limit automatically provided)
Indicate limit only if requesting coverage in excess of \$1,000 \$ _____
(Please attach a schedule of items for coverage in excess of \$10,000)

Total Value of Equipment to be Covered: \$ _____

Rate (multiply total equipment amount by .0245)* X .0245

Annual Premium: (subject to minimum policy premium of \$350)* \$ _____

**Please attach an itemized equipment schedule including the manufacturer, model/description, serial number, date purchased and amount of insurance requested.

Coverage applies to the most recent schedule on file. Any changes to your covered equipment during the policy term should be communicated to Rand Insurance. Premium adjustments will be made at renewal reflecting the schedule on file at the time of renewal.

Signature of Applicant: _____ Date _____

Please do not send payment with application.

Chubb will bill you upon issuance of your policy.

Send this application to: Rand Insurance, Inc.
51 Locust Avenue Suite 204
New Canaan CT 06840

Or fax to: (203) 637-9671

Or email to: nanpa@randinsurance.com

*Rate and minimum premium effective 1/01/2011