



entertainment

Intact Entertainment
505 North Brand Blvd, Suite 1250
Glendale, CA 91203
License No. 0773887

Los Angeles
(781) 332-8400 Fax (866) 640-6533
New York
(212) 307-0111 Fax (212) 307-0598

LOAN OUT CORPORATION - PERSONAL SERVICE CORPORATION - SHELL CORPORATION
SUPPLEMENTAL QUESTIONNAIRE

1. Name of applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Definition: This program is designed for individual members of the entertainment industry who have achieved a degree of commercial success which dictates that they incorporate for business conduct purposes. They purchase commercial insurance because they have created a legal corporate entity. Risks that fit this program include; actors, directors, producers, writers, cameramen, singers, musicians, composers, radio/TV broadcasters, athletes, coaches and trainers etc.

3. Describe the applicable fields: \_\_\_\_\_

4. List the professional credits of this applicant (i.e., titles of last movies worked on; significant past performances; titles and success of last recordings; major awards received or nominated for; reasons for commercial success, etc.) \_\_\_\_\_

5. Describe operations and ownership of each entity to be insured: \_\_\_\_\_

6. List all owned/leased premises and the use/operations of each: \_\_\_\_\_

7. If Comprehensive Personal Liability endorsement is to be attached:
(a) List residences (complete residences) and use:
i. Primary residence: \_\_\_\_\_
ii. Rented to others: \_\_\_\_\_
(b) Number of In Servants: \_\_\_\_\_
Number of Out Servants: \_\_\_\_\_
(c) Do you have any drivers in the house under the age of 21? \_\_\_\_\_
If yes, please list: \_\_\_\_\_

8. Do any of the following exposures exist? If so explain in detail below:

(a) Horses, or non domestic animals

(b) Guard Dogs

(c) Body Guards

(d) Farming /Ranching

(e) Boats

(f) Aircraft

(g) Swimming Pools

(h) Recreational vehicles

(i) Diving Boards

Explain all unusual exposures: \_\_\_\_\_

\_\_\_\_\_

10. If limousines are on an auto schedule, please provide Name, Drivers Lic. # and Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Do you rent out your Vehicle (s)?

If yes, please list the vehicles rented and the rental contract used? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Explain in detail any loss of \$5,000 or greater. (attach separate sheet, if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Prior Insurance Coverage Carrier: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

**Note:** This Supplemental Questionnaire should be completed and submitted along with Acord forms.