

# WE DJ.com Insurance Program

Underwritten by a member company of  
Penn-America Group, Inc.  
Rated A- Excellent by A.M. Best Company

Please complete this application form and  
Email, Fax or Mail to:

**G.A. Mavon & Co**  
10 W. Chicago Ave Hinsdale, IL 60521  
Phone 630 242-3100 - Fax 630 654-4447  
Email info@mavon.com

## APPLICATION FOR LIABILITY & EQUIPMENT INSURANCE

**NAME:** \_\_\_\_\_ **WEDJ user name** \_\_\_\_\_

**DBA or Company Name:** \_\_\_\_\_

Circle One  
Corp. Individual Partnership

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Effective Date Requested:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Number of Years in Business:** \_\_\_\_\_

**Prior Insurance Carrier:** \_\_\_\_\_

**Any Losses in Past Three Years:** NO YES Please Explain: \_\_\_\_\_

**Description of Operations:** If DJ: # of Systems Owned? \_\_\_\_\_ # Of DJ's Employed? \_\_\_\_\_ # Of Jobs Per Yr? \_\_\_\_\_

If Photographer or Videographer: # Of Events Per Yr? \_\_\_\_\_ Chemical Processing? YES NO Studio? YES NO

**Types of Functions** \_\_\_\_\_

**Professional Liability for Photographer/Videographer? (\$100,000 coverage) YES or NO**

### **EQUIPMENT COVERAGE SECTION**

ALL EQUIPMENT MUST BE LISTED. ONLY LISTED ITEMS WOULD BE COVERED IN EVENT OF LOSS. The list must show name, model number and replacement cost of each item. Music libraries can be insured by listing the number of items and listing the value of each with a maximum of \$25.00 per item. Any item valued higher must be listed on schedule. Lists may be submitted in any format, a property listing form (if desired) can be obtained at WEDJinsurance.com).

**IF REQUESTING EQUIPMENT COVERAGE YOU MUST ATTACH LIST OF EQUIPMENT TO BE INSURED**  
Equipment Coverage Requested Yes or NO If yes, Total Value of Equipment \$ \_\_\_\_\_

For Office Use

**ALL CHARGES ARE FULLY EARNED AT INCEPTION OF COVERAGE.**

**This application is not a binder**

Any person who knowingly signs with intent to defraud is subject to criminal and civil penalties.

**Pay by check or credit card (Visa, MasterCard, AMEX or Discover Card accepted).**

\_\_\_\_\_  
*Card Number* \_\_\_\_\_ *Expiration Date* \_\_\_\_\_ *Security code* \_\_\_\_\_

\_\_\_\_\_  
*Name as it appears exactly on card*

\_\_\_\_\_  
*Insured's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please submit this completed application or call for an immediate quotation**