

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) 528-5838 Ext. 176 – Fax (630) 654-4447
Email wedjinsurance@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 Band: # of people in band _____

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

Other Mobile Entertainers: Describe business operations _____

Types of Functions _____

Professional Liability (for Photographer/Videographer only \$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 CHARGEES 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 _____