

# Commercial Insurance

## Disc Jockey Program



### Client Information

Number of DJs:  1  2  3  4  5 or more      **CDJA Code # (from National Office):** \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Main Office (if different from above): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cheque Enclosed:  YES  NO

Payment required to bind coverage. There is no coverage in effect until payment is received.

### Base Premium Calculation

<b>A</b>	<b>Equipment</b> (minimum coverage limit \$2,000)	
<b>B</b>	<b>Equipment Premium</b> (\$2.95 per \$100 of coverage)	
<b>C</b>	<b>Liability (# of DJ systems)</b> (\$55 per system)	
<b>D</b>	<b>Base Premium</b> (add totals B + C)	

### ! New Subscribers Effective Date: \_\_\_\_\_

The premium will be pro-rated to coincide with the common renewal date of September 1<sup>st</sup>. **You can choose any start date.** Binding and confirmation of coverage will be emailed or mailed only once full payment is received. You can select an effective date at the beginning or the end of a particular month. An effective date that is part-way through the month will count as a full month.

### How do I arrive at Base DJ Insurance Policy Premium?

Equipment pricing is \$2.95 per \$100 value. **Example:** \$10,000 (10,000/100 x 2.95) = \$295 in premium. Then add the number of DJ systems you would like to insure (3 x 55) = \$165. Therefore total premium is \$460.

### Total Policy Premium Calculation

<b>Base Premium</b> (calculated above)	
<b>Pro-Rated Premium</b> (base premium / 12) x # of months until renewal)	
<b>Add Tax</b> (Add 8% or 9% in QC to Pro-Rated Premium)	

### Pro-Rated Calculation Example

Base premium is divided by 12 months, then multiplied by the number of months to the common renewal date of September 1<sup>st</sup>. An effective date that is part-way through the month will count as a full month.

**Pro-rated calculation:** The \$460 sample base premium above, for \$10,000 in equipment and three systems, would like an effective date of May 15<sup>th</sup>: \$460 / 12 months = \$38.34 x 4 months = \$154 rounded.

### Equipment Inventory

**! If you do not complete the Equipment Inventory (serial numbers optional), there is no coverage for your equipment.** The total replacement cost value on your equipment inventory must match the limit of coverage on Item A in the application form. **Note:** If you own less than \$2,000 replacement cost valued equipment, fill in the items that you own. Also, add a comment at the end of the Equipment Inventory list stating that you do not own any more equipment.

Equipment Type	Equipment Make & Model	Serial #	Value

