



National Club Industry Association of America N.C.I.A.A.

Commercial Brokerage Services, Inc.
PO Box 2719 Palatine, IL 60078
866 992-8888 Fax 847 358-1630 E-Mail lsands000@ameritech.net

General Information

DJ's Name _____
Business Name _____
_____ Individual _____ Partnership _____ Corporation
Mailing Address _____
State _____ Zip _____
NCIAA Member Number _____
Phone _____ Fax _____ E-mail _____

Coverage Section

ALL QUESTIONS MUST BE ANSWERED

Gross Annual Revenues (Sales) \$ _____ # of Clubs Worked Annually _____
of Days Worked as DJ Annually _____ Value of Equip./Library to Be Covered \$ _____

EQUIPMENT: Note a list of all equipment to be covered must be attached. Each item must be listed and must show the model number serial number (where available) and the REPLACEMENT value of each item.

LIBRARY: Library items do not need to be listed unless the replacement value of an individual item is in excess of \$50. Items in excess of \$50 each may be insured but must be shown on the equipment list as an individual item.

Number of items in library _____ X \$50 = \$ _____ Value of Library

Payment Section

This application does not bind the applicant, the Insurance Co or Commercial Brokerage Services, Inc to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should coverage be effected. Any person who knowingly and with intent to defraud any insurance company or files an application containing false information, or conceals for the purpose of misleading information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

Liability \$ _____
Scheduled Equipment Value \$ _____ X 3% \$ _____ Multiply value by .03
Library Value \$ _____ X 3% \$ _____ Multiply value by .03
SUB TOTAL \$ _____ X 3.5% Multiple total by 1.035
POLICY FEE \$ 25
GRAND TOTAL \$ _____

Payment Method CHECK: Make check for full amount payable to Commercial Brokerage Services, Inc. CREDIT CARD (Mastercard, VISA, Discover Only) Expiration Date _____
Card # _____/_____/_____/_____

Rates are subject to change annually. You must be member in good standing at time of renewal.

ALL PREMIUMS ARE 100% EARNED AT INCEPTION OF COVERAGE

Signature or E-mail address

Date