

# AMERICAN DISC JOCKEY ASSOCIATION INSURANCE PROGRAM

## DISC JOCKEY

### DIRECT APPLICATION

#### PART I GENERAL INFORMATION

A. Applicant Name: Rick Ryan  
First Name Middle Initial Last Name

B. Company Name: RickRyan.com  
Company Name

C. Company Website: www.RickRyan.com  
Company Website Address

D. Mailing Address: 159 Township Drive Hendersonville, TN 37075  
Street City State Zip Code

E. Applicant Home Phone: 615-822-7960  
Area Code Number

F. Applicant Business Phone: 615-390-2784  
Area Code Number

G. Applicant Fax: 801-409-5746  
Area Code Number

H. Email Address: rick@rickryan.com  
Email Address

I. Completed By: Rick Ryan  
First Name Middle Initial Last Name

J. Application Date: 3/2/2010  
Date of Application (Month/Day/Year)

#### PART II BUSINESS OPERATIONS

A. Number Of Setups you own: # 1

B. Business Location

01.  Residence

02.  Commercial Studio/Office. Square footage of space. # \_\_\_\_\_

03.  Commercial Retail/Office. Square footage of space. # \_\_\_\_\_

C. Are you a member of the American Disc Jockey Association? Yes  No   
If "Yes", please provide your ADJA membership number: # 34517C6

D. How did you hear about us?

01.  Google search

02.  Yahoo search

03.  MSN search

04.  ADJA

05.  Other: Write in: \_\_\_\_\_

08/18/06

ADJUWS003B.DOC

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**PART III COVERAGE SELECTION**

**A. Coverage 1 Property Insurance**

01. Business Personal Property/Equipment and Media Limits

- a. Total Business Personal Property/Equipment  
**Replacement Value:** \$ \_\_\_\_\_
- b. Total Business Media (Tape/CD/KD/LP) Library  
**Replacement Value:** \$ \_\_\_\_\_

02. Claim Information

Have you had any Property losses within the last 5 years which may have been covered by this type of Property insurance? Yes  No

- a. If "Yes", how many Property losses have you had within the last 5 years? # \_\_\_\_\_
- b. If "Yes", What was the total dollar amount of all Property losses combined? \$ \_\_\_\_\_

03. If you do not insure 100% of your business personal property/equipment and/or 100% of your media, any loss covered by this section of the policy will be reduced proportionately. As an example, if your business personal property/equipment has a \$100,000 replacement value and you only purchase \$50,000 of insurance limit, a \$25,000 loss will be settled according to the following formula: \$50,000 limit purchased/\$100,000 total value X \$25,000 loss = 0.5 X \$25,000 = \$12,500. You will only receive 50% of a covered loss. Do you understand and agree that if you do not insure to 100% of value, any loss paid will be reduced proportionately?

- a.  Yes, I understand and agree.
- b.  No, I do not agree.

**B. Coverage 2 Crime Insurance (Employee Dishonesty/Forgery)**

01. Select Crime Limit (Check one)

- a.  \$ 5,000
- b.  \$ 10,000
- c.  \$ 15,000
- d.  \$ 20,000
- e.  \$ 25,000

02. Claim Information

Have you had any Crime losses within the last 5 years which may have been covered by this type of Crime insurance? Yes  No

- a. If "Yes", how many Crime losses have you had within the last 5 years? # \_\_\_\_\_
- b. If "Yes", What was the total dollar amount of all Crime losses combined? \$ \_\_\_\_\_

**C. Coverage 3 Liability Insurance**

01. Select Liability Limit (Check one)

- a.  \$1,000,000/\$2,000,000
- b.  \$Reserved for future

02. Claim Information

Have you had any Liability losses within the last 5 years which may have been covered by this type of Liability insurance? Yes  No

- a. If "Yes", how many Liability losses have you had within the last 5 years? # \_\_\_\_\_
- b. If "Yes", What was the total dollar amount of all Liability losses combined? \$ \_\_\_\_\_

03. I understand and agree that coverage provided under the liability section of the policy excludes activities other than the playing of recorded music or the necessary set up and tear down of sound and lighting equipment. Coverage is not provided for any other services or activities such as, but not limited to, Velcro Man, Bungee Run, Sumo Wrestling or other similar type mechanical or inflatable entertainment devices or activities.

- a.  Yes, I understand and agree.
- b.  No, I do not agree.

**PART IV EFFECTIVE DATE**

Upon what date do you want your coverage to be effective? This date should match your expiring Property/Crime/Liability policy (if any): Month/Day/Year 3/13/2010

**PART V ADDITIONAL INSURED(S) AND/OR LOSS PAYEE(S)**

A. Is any individual or entity asking to be named as an Additional Insured under your Liability coverage? Yes  No

If "Yes", please provide all of the following information:

01. Additional Insured Name: \_\_\_\_\_  
Name of Additional Insured

02. Special Wording: \_\_\_\_\_  
Additional Insurance Language

03. Additional Insured Address: \_\_\_\_\_  
Street City State Zip Code

04. Event Date(s): \_\_\_\_\_  
Start Date (mm/dd/yy) End Date (mm/dd/yy)

05. Event Time(s): 0:00am 0:00am  
Start Time (xx:yy AM or PM) End Time (xx:yy AM or PM)

06. Event Description: \_\_\_\_\_  
Brief Description of Event

B. Is any individual or entity asking to be named as a Loss Payee or Mortgagee on your Property and Equipment coverage? Yes  No

If "Yes", please provide all of the following information:

01. Loss Payee or Mortgagee Name : \_\_\_\_\_  
Name of Individual or Entity

02. Loss Payee or Mortgagee Address: \_\_\_\_\_  
Street City State Zip Code

03. The Individual or Entity having an interest in your property or equipment wants to be named as a:  
 Loss Payee  
 Mortgagee If Mortgagee, please provide Loan # \_\_\_\_\_

**AMERICAN DISC JOCKEY ASSOCIATION, INC.  
COMMERCIAL PACKAGE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: XPK80894501	Memorandum Number: 016470
Issuing Company: <b>Fireman's Fund Insurance Company</b> 777 San Marin Drive Novato, California 94998-2000 Nationwide Claims: 1-800-567-2685	National Program Administrator: <b>R.V. Nuccio &amp; Associates Insurance Brokers, Inc.</b> 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685

**01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)**

- a. Memorandum Holder: RickRyan.com
- b. Street Address: 159 Township Drive
- c. City: Hendersonville
- d. State: TN
- e. Zip Code: 37075

**02. MEMORANDUM HOLDER MAILING ADDRESS (IF DIFFERENT THAN ABOVE)**

- a. Street Address:
- b. City:
- c. State:
- d. Zip Code:

**03. COVERAGE PERIOD**

Inception Date 3/13/2010 12:01A.M. to Expiration Date 3/13/2011 12:01A.M. Standard Time at the Named Insured's address as stated above.

**04. BUSINESS TYPE**

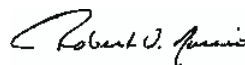
- Disc Jockey  Photographer/Videographer

05. COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
<b>a. Inland Marine Coverage Part</b>			\$0.00
(01)Business Personal Property/Equipment		\$250	
(02)Business Media Library		\$250	
<b>b. Crime Coverage Part</b>			\$0.00
(01)Employee Dishonesty		\$250	
(02)Forgery Or Alteration		\$250	
(03)Theft, Disappearance And Destruction			
(a)Inside The Premises		\$250	
(b)Outside The Premises		\$250	
<b>c. General And Automobile Liability Coverage Part</b>			\$150.00
(01)General Aggregate Limit (Property Damage only Ded.)	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate Limit	\$2,000,000	\$0	
(03)Personal And Advertising Injury Limit	\$1,000,000	\$0	
(04)Each Occurrence Limit	\$1,000,000	\$0	
(05)Damage To Premises Rented To You Limit (any One Premises)	\$100,000	\$250	
(06)Medical Expense Limit	\$5,000	\$0	
(07)Non-Owned And Hired Autos (CSL Each Accident)	\$5,000	\$250	
		State Guarantee Fund	\$0
<b>06. TOTAL PREMIUM Due At Inception</b>			<b>\$150.00</b>

**07. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Refer to Schedule Of Policy Forms And Endorsements

Date Issued: 03/02/2010  
Form Number: ADJUWS003B

By   
Robert V. Nuccio Authorized Representative

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/02/2010

**PRODUCER**  
R.V. Nuccio & Associates, Inc.  
10148 Riverside Drive  
Toluca Lake, CA 91602

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**INSURED**  
RickRyan.com  
159 Township Drive  
Hendersonville, TN 37075

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Firemans Fund Insurance Company	21873
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A ✓	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XPK80894501 Certificate #:016470	3/13/2010	3/13/2011	EACH OCCURRENCE \$ <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>\$100,000</b> MED EXP (Any one person) \$ <b>\$5,000</b> PERSONAL & ADV INJURY \$ <b>\$1,000,000</b> GENERAL AGGREGATE \$ <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>\$2,000,000</b>								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ <b>\$1,000,000</b> PROPERTY DAMAGE (Per accident) \$ <b>\$1,000,000</b>								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
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E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	<b>OTHER</b>												

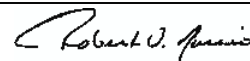
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Robert V. Nuccio



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

1. Designation of Premises (Part Leased to You):

2. Name of Person or Organization (Additional Insured):

3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II ) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.