

# AMERICAN DISC JOCKEY ASSOCIATION INSURANCE PROGRAM

Username: thissucks

Password: pamo13

## DISC JOCKEY

### DIRECT APPLICATION

#### PART I GENERAL INFORMATION

- A. Applicant Name: Hugh Swanke  
First Name Middle Initial Last Name
- B. Company Name: A New Song Mobile Entertainment  
Company Name
- C. Company Website: www.anewsong.com  
Company Website Address
- D. Mailing Address: PO Box 195 Wildomar, CA 92595  
Street City State Zip Code
- E. Applicant Home Phone: 951-244-0153  
Area Code Number
- F. Applicant Business Phone: 951-743-5988  
Area Code Number
- G. Applicant Fax: none  
Area Code Number
- H. Email Address: hugh@anewsong.com  
Email Address
- I. Completed By: Hugh Swanke  
First Name Middle Initial Last Name
- J. Application Date: 6/21/2007  
Date of Application (Month/Day/Year)

#### PART II BUSINESS OPERATIONS

- A. Number Of Setups you own: # 2
- 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: # f1231x157
- 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:** \$ 0
- b. Total Business Media (Tape/CD/KD/LP) Library  
**Replacement Value:** \$ 0

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 6/22/2007

**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: Hyatt Grand Champions  
Name of Additional Insured

02. Special Wording: CERTIFICATE HOLDER Hyatt Corporation and Grand Champion  
Additional Insurance Language

03. Additional Insured Address: 44600 Indian Wells Ln Indian Wells, CA 92210  
Street City State Zip Code

04. Event Date(s): 6/24/2007 6/24/2007  
Start Date (mm/dd/yy) End Date (mm/dd/yy)

05. Event Time(s): 7:30pm 11:30pm  
Start Time (xx:yy AM or PM) End Time (xx:yy AM or PM)

06. Event Description: Wedding reception for Dana Bates and Robert Weinmeier.  
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: XPK80862613	Memorandum Number: 003945
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: A New Song Mobile Entertainment
- b. Street Address: 30061 Lands End Place
- c. City: Canyon Lake
- d. State: CA
- e. Zip Code: 92587

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

- a. Street Address: PO Box 195
- b. City: Wildomar
- c. State: CA
- d. Zip Code: 92587

**03. COVERAGE PERIOD**

Inception Date 6/22/2007 12:01A.M. to Expiration Date 6/22/2008 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	\$0	\$250	
(02)Business Media Library	\$0	\$250	
<b>b. Crime Coverage Part</b>			\$0.00
(01)Employee Dishonesty	None	\$250	
(02)Forgery Or Alteration	None	\$250	
(03)Theft, Disappearance And Destruction			
(a)Inside The Premises	None	\$250	
(b)Outside The Premises	None	\$250	
<b>c. General And Automobile Liability Coverage Part</b>			\$200.00
(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

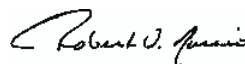
**06. TOTAL PREMIUM Due At Inception**

**\$200.00**

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

Refer to Schedule Of Policy Forms And Endorsements

Date Issued: 06/21/2007  
Form Number: ADJUWS003B

By   
Robert V. Nuccio Authorized Representative

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2007

<b>PRODUCER</b> R.V. Nuccio & Associates, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> A New Song Mobile Entertainment 30061 Lands End Place Canyon Lake, CA 92587	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								
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Gen. Agg. Limit applies per event GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XPK80862613 Certificate #:003945	6/22/2007	6/22/2008	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												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	<b>OTHER</b>												

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

Additional Insured: CERTIFICATE HOLDER  
 Hyatt Corporation and Grand Champions LLC and it's Members  
 44-600 Indian Wells Lane  
 Indian Wells, CA 92210  
 Desc: Wedding reception for Dana Bates and Robert Weinmeier. Start Date:6/24/2007 End Date:6/24/2007

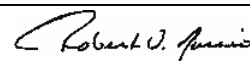
### CERTIFICATE HOLDER

Hyatt Grand Champions  
 44600 Indian Wells Ln  
 Indian Wells, CA 92210

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2007

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY R.V. Nuccio & Associates, Inc. 10148 Riverside Drive Toluca Lake, CA 91602		PHONE (A/C, No, Ext):	COMPANY Firemans Fund Insurance Company	
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER XPK80862613
INSURED A New Song Mobile Entertainment 30061 Lands End Place Canyon Lake, CA 92587		EFFECTIVE DATE 6/22/2007	EXPIRATION DATE 6/22/2008	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

### PROPERTY INFORMATION

LOCATION/DESCRIPTION

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 EVIDENCE OF PROPERTY INSURANCE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

### COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Property/Equipment Insurance	\$0	\$250
Media Library Insurance	\$0	\$250
Crime Insurance	None	\$250

### REMARKS (Including Special Conditions)

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

### ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE Robert V. Nuccio	

# R.V. NUCCIO & ASSOCIATES, INC

## DISC JOCKEY DIRECT INVOICE

### DATE OF INVOICE

06/21/2007

### PROGRAM ADMINISTRATOR INFORMATION

R.V. Nuccio & Associates Insurance Brokers, Inc.  
10148 Riverside Drive, 2<sup>nd</sup> Floor  
Toluca Lake, CA 91603  
Voice: 818-980-1413  
Fax: 818-980-1595  
Web: www.rvnuccio.com

### INSURED INFORMATION

Insured Name:	A New Song Mobile Entertainment
Insured Address:	30061 Lands End Place Canyon Lake, CA 92587
Insured Phone Number:	951-244-0153
Insured Fax Number:	none
Insured E-Mail Address:	hugh@anewsong.com
Policy Period:	6/22/2007 12:01AM to 6/22/2008 12:01AM Standard Time at the Insureds mailing address shown above.
Policy Number:	XPK80862613
Memorandum Number:	003945

### PREMIUM INFORMATION

Disc Jockey Property/Equipment Premium	\$0.00
Disc Jockey Media Library Premium	\$0.00
Disc Jockey Crime Premium	\$0.00
Disc Jockey General Liability Premium	\$200.00
Minimum Premium Applied	\$0.00
<b>Total Premium</b>	<b>\$200.00</b>
NASEP, Inc. Association Administration Charge	\$25.00
<b>Total</b>	<b>\$225.00</b>

### PAYMENT TERMS

Paid by credit card.