

**MOTION PICTURE PRODUCTION
PACKAGE APPLICATION**
(Use for Feature Film and Television Productions)

APPLICANT INFORMATION

1. Name of Production Company: _____

2. Address: _____

3. The applicant is: An Individual A Partnership A Corporation
(If the Applicant is a Corporation, please provide the following names)

President _____ Vice President _____

Secretary _____ Treasurer _____

4. Director _____ Producer _____

Production Mgr. _____ Director of Photo. _____

5. Producer's Prior Productions:

Title

Insurance Carrier

6. Has the Producer had any Production Insurance declined or canceled in the past five years? No Yes
(if yes, explain) _____

7. Losses over \$50,000 in the past five (5) years: _____

8. Source of Financing: _____

9. Release or Distribution Organization: _____

10. Completion Bond Company (if none, please state so): _____

11. Premium Audit Contact: _____ Phone #: (_____) _____

12. Title of the Production: _____

13. The Production is:

Feature Film for Theatrical Release

Television Production

Movie for Television

Pilot

Special

Series

Mini Series

Other _____

Running Time (e.g. 30 min, 60 min, 90 min): _____

Number of Series Episodes: _____



14. Type of Story (e.g. Drama, Comedy, Musical, Western): _____

Storyline: _____

15. Shooting Locations used during Principal Photography:

Description of Location (Including City, State, Country)	Period of time at Each location	
	From:	To:
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Medical Facility:

Describe arrangements made for First Aid and access to medical facilities and identify the person in charge and responsible for making arrangements: _____

17. The Production involves (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Underwater Filming |
| <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Special Vehicles |
| <input type="checkbox"/> Airborne Crafts | <input type="checkbox"/> Waterborne Crafts |
| <input type="checkbox"/> Railroad Cars or Equipment | |

If any of the above are checked, describe in detail and attach to this application

- Pyrotechnics (Explosions, fire) Complete Supplemental Application
 Stunts or Hazardous Activities Complete Supplemental Application

19. Estimated costs of each Production or Episode

- a) Total Budget (including budgeted deferrals): \$ _____
- b) Story/Scenario; Screenplay & Re-writing & associated costs: \$ _____
- c) Music, Sound Rights, Records and Royalties \$ _____
- d) Gross Insurable Production Costs (a minus b & c) \$ _____
- e) Post Production Costs: \$ _____
- f) Net Insurable Production Costs (d minus e) \$ _____
- g) Total Below The Line Costs \$ _____

Indicate if any of the following **Optional items** are to be insured

- Story/Underlying Rights, Screenplay, Re-Writes \$ _____
- Sound/Music Rights, Recording Costs \$ _____
- Indirect Overhead \$ _____
- Royalties \$ _____
- Other (describe): _____ \$ _____

20. Coverage Desired

EXTENDED PRE PRODUCTION CAST PROTECTION

	Described Artist	Role/Position	Age	Coverage Period	Limit of Coverage
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Total Limit: _____

Are employment contracts "Pay or Play"? Yes No

Do employment contracts contain "Tie-In" Arrangements? Yes No

If yes, explain: _____

Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?

Yes No

If Yes, explain: _____

Note: Attach copy of Contract or Deal Memo for each person to be insured

PRINCIPAL PHOTOGRAPHY CAST PROTECTION

	Described Artist	Age	Role/Position	Stop Date	
1.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": _____

Period of Pre Production: From _____ Until _____

Period of Principal Photography: From _____ Until _____

Limit of Coverage: \$ _____ Deductible: \$ _____

Coverage to be effective: _____

POST PRODUCTION CAST PROTECTION

Described Artist	Age	Function or Responsibilities During Post Production	Coverage Period	Stop Date
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": _____

Period of Post Production: From _____ Until _____

NEGATIVE FILM/ VIDEOTAPE

Name and Location of:

- a) Processing Laboratory: _____
- b) Storage Vaults: _____
- c) Editing Facility: _____
- d) Post Production Facility: _____

Will original negative film material leave the above premises prior to the completion of a protection Print?

No Yes (If yes, please explain) _____

Will the processing frequency during principal photography be on a daily basis? Yes No

If No, explain: _____

How will original negative material be transported from the filming location(s) to the processing laboratory?

Film Type (e.g. 35mm, 70mm): _____

Is Videotape used in lieu of negative film? No Yes

Are Animation or Computer Generated Graphics used? No Yes

If Yes - Created or Generated by whom: _____ Locations: _____

Estimated completion date of protection print: _____

Coverage to be effective: _____ Limit of Coverage: \$ _____

FAULTY STOCK, CAMERA AND PROCESSING

Use of secondary market raw stock: Yes No

Will new experimental technology; cameras and/or equipment be used in the filming of the project? Yes No

If "Yes" please explain and provide names and qualifications of persons experienced in the technology:

Name and position of person(s) responsible for conducting testing of cameras and raw stock:

(Name) _____ (Position) _____

Limit of Coverage \$ _____ Deductible: \$ _____

PROPS, SETS AND WARDROBE

Value of Owned: _____ Non-owned: _____

List items with an insurable value in excess of \$250,000 each: _____

List any individual items of antiques, objects of art, rugs, furs, jewelry, precious or semi precious

stones/metals/alloys in excess of \$10,000: _____

Name and position of person(s) responsible for security and protection of Props, Sets, and Wardrobe:

(Name) _____ (Position) _____

Coverage required: From _____ Until _____

Limit of Coverage _____ Deductible: \$ _____

MISCELLANEOUS EQUIPMENT

Value of Owned: _____ Non-owned: _____

List any individual item(s) over \$250,000: _____

Brief description of protection of property (fire fighting equipment, watchmen, etc.): _____

Where will the equipment be kept during use? _____

Location to which the equipment will be returned when not in use: _____

Name and position of person(s) responsible for security and protection of equipment:

(Name) _____ (Position) _____

Coverage required: From _____ Until _____

Limit of Coverage \$ _____ Deductible: \$ _____

THIRD PARTY PROPERTY DAMAGE

Brief description of property other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible: _____

Coverage required From: _____ Until _____

Limit of Coverage \$ _____ Deductible: \$ _____

EXTRA EXPENSE (as a result of loss of or damage to property or facilities used in connection with the production)

Estimated time needed to reconstruct destroyed key facilities, sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

What alternative location or studio facilities would be immediately available? _____

Coverage required From _____ Until _____

Limit of Coverage: \$ _____ Deductible: \$ _____

BUSINESS PERSONAL PROPERTY

Full Address of Premises/Location(s): _____

Value Owned: _____ Rented _____

Coverage required From _____ Until _____

Limit of Coverage: \$ _____ Deductible: \$ _____

MONEY AND SECURITIES

Maximum amount of cash on hand at any one location: \$ _____

Total cash on hand at all times at all locations: \$ _____

Name and position of person(s) responsible for the handling and safekeeping of money and securities:

(Name) _____ (Position) _____

Coverage required From: _____ Until _____

Limit of Coverage \$ _____ Deductible: \$ _____

(for limits in excess of \$50,000 complete supplemental application)

NON OWNED AND HIRED AUTO PHYSICAL DAMAGE

Cost of Hire: Mobile Studio Units and Film Trucks \$ _____

Other than above \$ _____

Percentage of Private Passenger Vehicles Less than 50% of all vehicles
 Less than 25% of all vehicles

OTHER COVERAGES (Describe)

Attach Complete Budget, Synopsis and Script

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Any material change to the Company's exposure must be reported prior to coverage applying.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in the true statement of the facts.

ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to (NY: substantial) criminal and civil penalties.
COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
OHIO FRAUD WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date: _____ Applicant: _____
(Authorized Representative)

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Contact: _____

Telephone Number: _____

Send completed application and all attachments to: