



MOTION PICTURE PRODUCTION PACKAGE APPLICATION (Use for Special Producers)

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. Experience of Applicant (examples): _____

5. Years in this business: _____

6. a) Previous Insurer: _____

b) Has the Applicant ever had any Special Producers or similar insurance declined or canceled in the past five years? [] No [] Yes (if yes, explain) _____

c) Describe any previous losses over \$10,000 (insured or uninsured) sustained by the Producer in the past five (5) years: _____

7. Premium Audit Contact: _____ Phone #: (____) _____

8. Productions are on: [] Film [] Tape [] Both _____%Film _____%Tape

9. Production personnel are: [] Union Members [] Non-Union Members

10. Estimated number of productions to be produced annually: _____

11. Estimated gross annual production costs: _____Tape _____Film _____Total

12. Is any post-production work done for others? [] Yes [] No Estimated annual receipts \$ _____ (Attach a copy of contract)

13. Types of films to be produced: []Commercials []Documentaries [] Educational Films [] Training Films [] Music Videos [] Animated Films [] Other(Please Describe) _____

14. Maximum cost any one production: \$ _____

15. Maximum loss exposure in dollars any one occurrence: \$ _____
(Total amount of negative film without protection prints at any one time stored at one location)

16. Maximum length of time any one production from start of photography to date of protection print: _____
(If over 90 days, please explain) _____

17. Average estimated length of time from start of photography to date of protection print of all productions to be insured. _____

18. Are projects scheduled or anticipated to be produced outside of the United States, the Provinces of Canada, Western Europe, Australia, and New Zealand? Yes No
If Yes, explain: _____

19. Coverages Desired:

NEGATIVE / VIDEOTAPE

Name and Location of principal:

a) Laboratories to be used: _____

b) Vaults to be used: _____

c) Cutting rooms to be used: _____

d) Average distances of shooting locations to laboratory: _____

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc.) Yes No

Limit of Coverage: \$ _____

FAULTY STOCK, CAMERA AND PROCESSING

Explain procedures the Applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping: _____

Number of days filmed material is accumulated prior to processing _____

Limit of Coverage \$ _____ Deductible
\$ _____

PROPS, SETS AND WARDROBE

Full 100% Value of Owned: _____ (Attach schedule)

Rented: _____ (maximum value at any one time)

Limit of Coverage (owned) \$ _____ Deductible \$ _____

Limit of Coverage (rented) \$ _____ Deductible \$ _____

MISCELLANEOUS EQUIPMENT

Full 100% Value of Owned: _____ (Attach schedule)

Rented _____ (maximum value at any one time)

Brief description of protection of property on the applicant's premises; (fire fighting equipment, watchman, alarm etc.)

Location to which Miscellaneous Equipment and Props, Sets and Wardrobe will be returned when not in use:

Limit of Coverage (owned) \$ _____ Limit of Coverage (rented) \$ _____

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: _____

Limit of Coverage \$ _____ Deductible \$ _____

EXTRA EXPENSE

(As a result of loss of or damage to property or facilities used in connection with the insured production(s))

Estimated time needed to reconstruct destroyed sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

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

Limit of Coverage: \$ _____ Deductible \$ _____

BUSINESS PERSONAL PROPERTY

Full Address of Premises/Location(s): _____

Full 100% value of Owned: _____ (attach schedule)

Limit of Coverage (owned) \$ _____ Deductible \$ _____

Rented _____ (maximum value at any one time)

Limit of Coverage (owned) \$ _____ Deductible \$ _____

IMPORTANT

1. This policy does NOT cover the Insured for costs in excess of \$25,000 for talent, services or facilities provided by others and not budgeted and paid for by the Insured, unless specifically declared and endorsed onto the policy.
2. The Negative Film and Videotape Coverage Form contains an Important representation in connection with artwork and drawings for animated productions; a representation that the cameras, lenses and related equipment are to be fully tested; as well as a coverage limitation as respects accumulated unprocessed negative film in excess of 5 shooting days.

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.

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: _____