

Production Policy Application

Policy Number: _____

1. Name of Applicant: _____

2. Mailing Address: _____

Premises Address: _____

Telephone / Fax No.: _____

3. Applicant is: Individual Partnership Corporation Other

If other, please explain: _____

4. President: _____ Vice President: _____

5. Title of the production: _____

6. Please provide the name and previous experience, or attach a resume, for the person(s) involved in the following:

Director(s): _____

Producer(s): _____

Production Manager(s): _____

Stunt Coordinator(s): _____

Special Effects Coordinator(s): _____

Pyrotechnician(s): _____

Wrangler(s): _____

Please provide the name and telephone number for the person(s) responsible for the following:

Insurance Coordinator(s): _____

Accountant(s): _____

7. How the production will be released, type of production and running time: _____

8. Type of Story, period and story line: _____

9. Completion Bond Company: _____

10. Distributor/Broadcaster: _____

11. Financing Sources: _____

PRODUCTION POLICY APPLICATION (Cont'd)

12. Filming Locations and time spent at each location: (Or attach a location schedule.)

13. Stunts, Hazards and Special Effects: _____

If you mark any of the below(), please provide the following(a-e):

- (a) Page and Scene Number in the Script.
- (b) Details on where and how the scene will be performed.
- (c) Details of all safety features put in place to protect people and property.
- (d) Name and Telephone Number of the person we should contact.
- (e) Complete the separate applications if required.

- | | | |
|---|--|---|
| <input type="checkbox"/> Use of Watercraft | <input type="checkbox"/> Under Water Filming | <input type="checkbox"/> Filming Near Water |
| <input type="checkbox"/> Use of Aircraft/Helicopters/Balloons | <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Use of Trains/Railroads |
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Expensive Antiques/Autos |
| <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Auto Crash Scenes | <input type="checkbox"/> Dangerous Auto Scenes |
| <input type="checkbox"/> Filming Above 50ft. | <input type="checkbox"/> Underground Filming | <input type="checkbox"/> Other Stunts/Hazards |
| <input type="checkbox"/> Use of Antiques/Jewelry/Fine Arts | | |

14. **Production Schedule**

	Start	End
Start of Pre-Production:	_____	_____
Start of Principal Photography:	_____	_____
Completion of Protection Print:	_____	_____
Air Date:	_____	_____
Hiatus Periods:	_____	_____

Do you plan any filming before or after principal photography? Yes No; if "Yes," please provide estimated dates: Start: _____ End: _____

(Please notify us in the event any of the above dates are changed)

PRODUCTION POLICY APPLICATION (Cont'd)

15. Estimated Cost: (Please attach a complete copy of your budget.)

	<input type="checkbox"/> Complete Production or <input type="checkbox"/> Per Episode
Total Budget:	\$ _____
Story/Scenario/Music/Sound Rights/Royalties:	\$ _____
Post Production Costs:	\$ _____
Net Insurable Production Cost:	\$ _____
Estimated Daily Cost:	\$ _____
Below the Line Production Cost:	\$ _____

List any expenses or producer fees you wish to exclude: _____

The following costs are excluded from Coverage, please mark those you would like to include:

- | | | | |
|---------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Story Rights | <input type="checkbox"/> Sound Rights | <input type="checkbox"/> Scenario | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Continuity | <input type="checkbox"/> Music Rights | <input type="checkbox"/> Interest | <input type="checkbox"/> Property Taxes |
| <input type="checkbox"/> Residuals | <input type="checkbox"/> Premiums paid for this insurance | | |

Percentage of overhead not directly related to the production to be included: _____

If there are any deferrals, please explain how they will be paid: _____

Exchange rate to be declared and Country: _____

16. Cast Coverage

Person to be insured/ Role	Artist Start Date	Age	Date Coverage Desired	Stop Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRODUCTION POLICY APPLICATION (Cont'd)

Are any persons to be covered involved in any hazardous activity? Yes No; If "Yes," please explain: _____

Are there any special conditions, contract requirements or stop dates on the persons to be covered?
 Yes No; If "Yes," please attach a copy of the contract (i.e.: Essential Element)

Are any of the covered persons functioning in a dual capacity? _____

Is any covered person involved in another production before the start of principle photography?
 Yes No; If "Yes," please explain: _____

If so, where and for how long: _____

Is any covered person planning any medical procedures before the start if principle photography?
 Yes No; If "Yes," please explain: _____

17. Negative/Faulty Coverage:

What type of Film/Video are you using: _____

Are special computer-generated graphics, animation or other process involved? Yes No;
If "Yes," please explain: _____

Name and Address of the Lab/Studio performing the effects: _____

Name and Address of processing/post laboratory: _____

How frequently will film be developed/viewed and how will it be transported? _____

Will you be using any specialized Computer Programs to create any images or effects? Yes No;
If "Yes," please explain and name the software: _____

Will you be using any special film or cameras? Yes No; If "Yes," please explain: _____

18. Liability, Non Owned and Hired Auto & Workers Compensation (please complete Acord applications with this form.)

Do you own, or are you involved in any other operations? Yes No; If yes, please name and explain: _____

Attach copies of any hold harmless agreements or waivers.

Any US employees going abroad or hiring of other nationalities? _____

PRODUCTION POLICY APPLICATION (Cont'd)

Number of Employees/Crew/Cast: _____

Vehicle Cost of Hire and Purchase: \$ _____

Provide the name and telephone number of the Payroll Service being used: _____

Please identify independent contractors and attach a copy of a certificate, showing liability and workers compensation coverage.

Are you using re-enactors? Yes No; If "Yes," please explain: _____

Are any non-employees (contestants, etc.) involved in the production? Yes No;

If "Yes," please explain: _____

20. Has any form of insurance ever been canceled or declined: Yes No;

If "Yes," please explain: _____

21. Previous Insurer and Policy Number: _____

22. Previous Loss Experience of the Director and Producer: _____

Please provide a copy of the script and budget with this application

23. Coverage	Limits of Liability and Deductibles	
	Limit of Liability	Deductible
Cast Coverage:	\$ _____	\$ _____
Props, Sets and Wardrobe:	\$ _____	\$ _____
Fine Arts, Jewelry, etc.:	\$ _____	\$ _____
Extra Expense:	\$ _____	\$ _____
Third Party Property Damage:	\$ _____	\$ _____
Miscellaneous Equipment:	\$ _____	\$ _____
Rented/Owned:	\$ _____	\$ _____
Hired Auto P/D:	Included Equipment	\$ _____
Office Contents	\$ _____	\$ _____

PRODUCTION POLICY APPLICATION (Cont'd)

Electronic Data Processing -		
Hardware	Included	Included
Software	\$	\$
Extra Expense	\$	\$
Money and Currency	\$	\$
Negative/Video/Sound/Disc	\$	\$
Faulty Processing	\$	\$
	\$	\$
	\$	\$

Signing this application does not bind the applicant to purchase the insurance, but 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 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.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____