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| **SECTION 1 – GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF PRODUCTION COMPANY | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE | | |  | | | | | | | | | | | FAX | | | | | | | |  | | | | | | | | | | | | | |
| E-MAIL | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APPLICANT IS | | | Individual | | | | | | | Partnership | | | | | | | | | | | | | | | | | Corporation | | | | | | | | |
| PRESIDENT | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICE-PRESIDENT | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PRODUCER | | |  | | | | | | | | DIRECTOR | | | | | | | | | | | | | | | | |  | | | | | | | |
| DIRECTOR OF PHOTOGRAPHY | | |  | | | | | | | | PRODUCTION MANAGER | | | | | | | | | | | | | | | | |  | | | | | | | |
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| LIST OF PRIOR PRODUCTIONS OF PRODUCER | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PREVIOUS INSURER FOR SUCH PRODUCTIONS | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HAS THE APPLICANT EVER HAD ANY PRODUCTION INSURANCE CANCELLED OR DECLINED IN THE LAST FIVE (5) YEARS? | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No | |
| If yes, please explain | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESCRIBE ANY PREVIOUS LOSSES (INSURED OR UNINSURED) SUSTAINED BY THE PRODUCER IN THE LAST FIVE (5) YEARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SOURCE OF FINANCING | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RELEASE OR DISTRIBUTION ORGANIZATION | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FILM COMPLETION BOND COMPANY, IF ANY | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PERSON TO BE CONTACTED FOR PREMIUM AUDIT | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TITLE OF PRODUCTION | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE OF PRODUCTION: | | | | | | MOTION PICTURE FEATURE FOR INITIAL THEATRICAL RELEASE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION PRODUCTION | | | | | | | | | | | | | | Motion Picture Feature | | | | | | | | | | | | Series | | | |
| Pilot | | | | | | | | | | | | Mini-Series | | | |
| Special | | | | | | | | | | | | Other | | | |
| NUMBER OF EPISODES (if series) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RUNNING TIME (30 min, 60 min, etc.) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE OF STORY (e.g. comedy, drama, musical, western, etc.) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STORYLINE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SHOOTING LOCATIONS USED DURING PRINCIPAL PHOTOGRAPHY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIPTION OFL OCATION**  **(Including City, State, Country)** | | | | | | | | | | | | | **PERIOD OF TIME AT EACH LOCATION**  **(From: Date to Date)** | | | | | | | | | | | | | | | | | | | | | | |
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| ESTIMATED DATES OF PRINCIPAL PHOTOGRAPHY | | | | | | START: | | | | | | | | | | | | | | | | | FINISH: | | | | | | | | | | | | |
| NUMBER OF SHOOTING DAYS | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| START DATE OF PRE-PRODUCTION | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED DATE OF PROTECTION PRINT | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ESTIMATED AIR DATE | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MEDICAL FACILITY:  DESCRIBE ARRANGEMENTS MADE (IF ANY) FOR FIRST AID AND ACCESS TO MEDICAL FACILITIES AND IDENTIFY THE PERSON IN CHARGE OF AND RESPONSIBLE FOR MAKING ARRANGEMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PRODUCTION INVOLVES | | | | | | | | | | | | | | | | | | | | | If yes, please provide details | | | | | | | | | | | | | | |
| USE OF ANIMALS | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| UNDERWATER FILMING | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| MOTORCYCLES | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| SPECIAL VEHICLES | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| AIRBORNE CRAFTS | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| WATERBORNE CRAFTS | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| RAILROAD CARS OR EQUIPMENT | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| PYROTECHNICS (explosions, fire) | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
| STUNTS OR HAZARDOUS ACTIVITIES | | | | | | Yes | | | | | | | No | | | | | | | |  | | | | | | | | | | | | | | |
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| ESTIMATE COST OF PRODUCTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL BUDGET (including budgeted deferments) | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STORY AND SCENARIO | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MUSIC AND SOUND RIGHTS AND ROYALTIES | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NEGATIVE COSTS (a less b & c) | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST PRODUCTION COSTS | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NET INSURABLE PRODUCTION COSTS (d less e) | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL BELOW THE LINE COSTS | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDICATE IF ANY OF THE FOLOWING OPTIONAL ITEMS ARE TO BE INSURED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STORY/UNDERLYING RIGHTS | | | | | | | $ | | | | | | | | | SOUND RIGHTS | | | | | | | | | | | | | | | | | $ | | |
| ROYALTIES | | | | | | | $ | | | | | | | | | INDIRECT OVERHEAD | | | | | | | | | | | | | | | | | $ | | |
| MUSIC RIGHTS | | | | | | | $ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| IS THERE ANY OTHER COSTS THAT YOU WISH TO TAKE OUT OF THE NET INSURABLE? | | | | | | | Yes | | | | | No | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please explain | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2 – INSURANCE COVERAGE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COVERAGE** | | | | | | | | | | | | | | | | **LIMIT** | | | | | | | | | | | | | **DEDUCTIBLE** | | | | | | |
| 1. CAST | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. NEGATIVE FILM OR VIDEOTAPE | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. FAULTY STOCK, CAMERA AND PROCESSING | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. PROPS, SETS AND WARDROBE | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. MISCELLANEOUS EQUIPMENT | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. THIRD PARTY PROPERTY DAMAGE LIABILITY | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. EXTRA EXPENSE | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. OFFICE CONTENTS | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. MONEY AND SECURITIES | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| 1. COMMERCIAL VEHICLE PHYSICAL DAMAGE | | | | | | | | | | | | | | | | Per vehicle: | | | | | | | | | | | | |  | | | | | | |
| Aggregate Limit: | | | | | | | | | | | | |  | | | | | | |
| 1. **EXTENDED PRE-PRODUCTION CAST INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON TO BE INSURED** | | **ROLE/POSITION** | | | | | | | **AGE** | | | | | | | | **COVERAGE PERIOD** | | | | | | | | | | | | | **LIMIT OF LIABILITY** | | | | | |
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| AGGEGATE LIMIT OF LIABILITY | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE EMPLOYMENT CONTRACTS “PAY OR PLAY”? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | |
| DO EMPLOYMENT CONTRACT CONTAIN "TIE-IN" ARRANGEMENTS? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | |
| If yes, please explain | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **CAST INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF CAST MEMBER TO BE INSURED | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON TO BE INSURED** | | | | **ROLE/POSITION** | | | | | | | | | | | | | | **AGE** | | | | | | | **STOP DATE** | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
|  | | | |  | | | | | | | | | | | | | |  | | | | | | | Yes | | | | | | | | | | No |
| If the answer to the stop date question is yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WILL WORKERS COMPENSATION CONTRIBUTION BE MADE ON BEHALF OF THE CAST AND/OR CREW? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | |
| If yes, for whom | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **POST-PRODUCTION CAST INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSON TO BE INSURED** | **FUNCTION OR RESPONSIBILITIES DURING POST-PRODUCTION** | | | | **AGE** | | | | | | | | | | **COVERAGE PERIOD** | | | | | | | | | | **STOP DATE** | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | |  | | | | | | | | | | Yes | | | | | | | | | | No |
|  |  | | | |  | | | | | | | | | |  | | | | | | | | | | Yes | | | | | | | | | | No |
|  |  | | | |  | | | | | | | | | |  | | | | | | | | | | Yes | | | | | | | | | | No |
| If the answer to the stop date question is yes, please provide details | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERIOD OF POST-PRODUCTION | | | | | | | From: | | | | | | | | | | | | | | | | | | | Until: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NEGATIVE FILM OR VIDEOTAPE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROCESSING LABORATORY | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STORAGE VAULTS | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDITING FACILITY | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST-PRODUCTION FACILITY | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WILL ORIGINAL NEGATIVE FILM MATERIAL LEAVE THE ABOVE PREMISES PRIOR TO THE COMPLETION OF A PROTECTION PRINT? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
| If yes, please explain | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WILL THE PROCESSING FREQUENCY DURING PRINCIPAL PHOTOGRAPHY BE ON A DAILY BASIS? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
| If no, please explain | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WITH WHAT FREQUENCY WILL THE PROCESSED NEGATIVE BE VIEWED? | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| HOW WILL ORIGINAL NEGATIVE MATERIAL BE TRANSPORTED FROM FILMING LOCATION(S) TO THE PROCESSING LABORATORY? (please provide name of contract carrier, if any) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTION IS ON | | | | | | | 16 mm | | | | | | | | | | | 35 mm | | | | | | | | | | | | | 70 mm | | | | |
| Video | | | | | | | | | | | Digital | | | | | | | | | | | | |  | | | | |
| IS VIDEOTAPE USED IN LIEU OF NEGATIVE FILM? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
| ARE ANIMATION OR COMPUTER GENERATED GRAPHICS USED? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAULTY STOCK, CAMERA AND PROCESSING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE OF SECONDARY MARKET FOR RAW STOCK | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
| WILL NEW EXPERIMENTAL TECHNOLOGY AND/OR CAMERAS AND 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE CAMERAS TESTED PRIOR TO EACH SHOOTING DAY? | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | No |
| NAME AND POSITION OF PERSON(S) RESPONSIBLE FOR CONDUCTING TESTING OF CAMERAS AND RAW STOCK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PROPS, SETS AND WARDROBE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF OWNED | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF RENTED | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ITEMS WITH AN INSURABLE VALUE IN EXCESS OF $ 100,000 EACH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LIST ANY INDIVIDUAL ITEMS OF ANTIQUES, OBJECTS OF ART, RUGS, FURS, JEWELLERY, PRECIOUS OR SEMIPRECIOUS STONES/METALS/ALLOYS IN EXCESS OF $10,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME AND POSITION OF PERSON(S) RESPONSIBLE FOR SECURITY AND PROTECTION OF PROPS, SETS AND WARDROBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MISCELLANEOUS EQUIPMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF OWNED | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VALUE OF RENTED | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ITEM(S) OVER $250,000 EACH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESCRIPTION OF PROTECTION OF PROPERTY (firefighting equipment, watchman, alarm system connected to the central, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WHERE WILL THE EQUIPMENT BE KEPT DURING USE? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION TO WHICH THE EQUIPMENT WILL BE RETURNED WHEN NOT IN USE | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIEF DESCRIPTION OF PROTECTION OF PROPERTY (firefighting equipment, watchman, alarm system connected to the central, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME AND POSITION OF PERSON(S) RESPONSIBLE FOR SECURITY AND PROTECTION OF EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME AND LOCATION OF CAMERA EQUIPMENT RENTAL HOUSE(S) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDICATE ACCESSIBILITY TO FUNCITONALLY SIMILAR BACKUP CAMERAS AT ALL FILMING LOCATIONS | | | | | | | | Same day | | | | | | | | | | | 2-3 days | | | | | | | | | | | | 4 + days | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **THIRD PARTY PROPERTY DAMAGE** | | | | |
| BRIEF DESCRIPTION OF PROPERTY (other than miscellaneous equipment, props, sets, etc.) OR FACILITIES TO BE USED IN CONNECTION WITH THE PRODUCTION FOR WHICH THE APPLICANT MAY BE RESPONSIBLE | | | | |
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|  | | | | |
| **EXTRA EXPENSE (as a result of loss or damage to property or facilities used in connection with the production)** | | | | |
| ESTIMATEE TIME NEEDED TO RECONSTRUCT DESTROYED SET OR SCENERY |  | | | |
| ESTIMATE TIME NEEDED TO REPLACE LOST OR DESTROYED EQUIPMENT |  | | | |
| WHAT OTHER LOCATION OR STUDIO FACILITIES WOULD BE IMMEDIATELY AVAILABLE? |  | | | |
|  | | | | |
| **OFFICE CONTENTS** | | | | |
| FULL ADDRESS OF PREMISES/LOCATION(S) | | | | | |
|  | | | | | |
|  | | | | | |
| VALUE OF OWNED | $ | | | |
| VALUE OF RENTED | $ | | | |
|  | | | | |
| **MONEY & SECURITIES** | | | | |
| MAXIMUM AMOUNT OF CASH 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 | | | | | |
|  | | | | | |
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| **COMMERCIAL VEHICLE PHYSICAL DAMAGE** | | | | |
| BRIEF DESCRIPTION OF VEHICLES TO BE USED | | | | | |
|  | | | | | |
| COST OF HIRE | VEHICLES: |  | TRUCKS: |  |
| HOW MANY VEHICLES WILL BE RENTED? | VEHICLES: |  | TRUCKS: |  |
|  | | | | |
| **OTHER COVERAGES** | | | | |
|  | | | | | |
|  | | | | | |

**Attach complete budget, synopsis and production calendar**

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all information submitted to or requested by the Insurer in conjunction with this Application is hereby incorporated by reference into this Application and made a part thereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant. It is further agreed that this Application and all information submitted to or requested by the Insurer in conjunction with this Application is the basis of and is deemed attached and incorporated into any policy effected pursuant to this Application.

Material Change Disclosure and False Information

In addition to providing all basic information necessary to enable us to place the risk and/or completing this Application, you must ensure that you are complying with your legal duty to disclose all changes relevant to the risk, including any change occurring after completion of this Application and throughout the policy term, which might affect the Insurer’s decisions as to coverage and premium. Please be aware that if you do not disclose all such information, Insurers may have the right to void the policy in its entirety from its inception, or sections thereof, which may lead to claims not being covered.

Please ensure that all information provided is accurate and complete, as it relates to the risk, whether favourable or not. Any person who files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company commits a fraudulent act.

I have read and understood the above

Applicant’s initials

**Declaration and signature**

The applicant certifies that the statements, facts and data provided in this application form are accurate and complete in representing the nature of the risk and that no information has been withheld or misstated.

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| --- | --- | --- | --- |
| Date : |  | Signature : |  |