Top of Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF PRODUCTION COMPANY |  | | | | | | | | | | | | | |
| CONTACT PERSON |  | | | | | | | | | | | | | |
| ADDRESS |  | | | | | | | | | | | | | |
| PHONE |  | | | | | FAX | |  | | | | | | |
| E-MAIL |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR FILM OR ATTACH A SYNOPSIS | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| HAVE YOU HAD ANY PRIOR LOSSES (INSURED OR UNINSURED) WHICH ARE FILM RELATED? | | | | | | | | | | Yes | | | No | |
| If yes, provide details and amount paid | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| NUMBER OF YEARS EXPERIENCE IN THE FILMS BUSINESS | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| WHAT ARE THE TOTAL GROSS PRODUCTION COSTS FOR THIS FILM? | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| TYPE OF PRODUCTION | | | Documentary | | | | Educational | | | | | Music Video | | |
| Commercial | | | | Short Film | | | | |  | | |
|  | | | | | | | | | | | | | | |
| NUMBER OF SHOOTING DAYS | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| WILL THE PRODUCTION INVOLVE THE FOLLOWING | | | | |  | | | | | | | | | |
| STUNTS | Yes | No | | | SPECIAL EFFECTS | | | | | | Yes | | | No |
| AERIAL PHOTOGRAPHY | Yes | No | | | UNDERWATER PHOTOGRAPHY | | | | | | Yes | | | No |
| ANIMALS | Yes | No | | | AIRCRAFT | | | | | | Yes | | | No |
| WATERCRAFT | Yes | No | | | OTHER HAZARDOUS ACTIVITIES | | | | | | Yes | | | No |
| If yes, to any of the above, please explain | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| HAVE YOU RENTED EQUIPMENT BEFORE? | | | | | | | | | | Yes | | | No | |
| If yes, who was your previous insurer? | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| EFFECTIVE DATE (date at which the equipment will be picked up) | | |  | | | | | | | | | | | |
| EXPIRY DATE (date at which equipment will be returned) | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| VALUE OF RENTED EQUIPMENT | | | |  | | | | | | | | | | |
| RENTAL HOUSE | | | |  | | | | | | | | | | |
| IS A CERTIFIED INSURANCE REQUIRED FOR THE RENTAL HOUSE? | | | | | | | | | | Yes | | | No | |
| WHERE IS EQUIPMENT STORED WHEN NOT IN USE? HOW IS EQUIPMENT SECURED WHITHIN PREMISES? HOW ARE THE PREMISES PROTECTED? We would like to remind you that equipment coverage is subject to 24 hour security (i.e. alarm system connected to the central, 24-hour security guard or a member of the team with the equipment at all times) and that the equipment must not be left unattended at any time. | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
| WHAT LOCATIONS ARE YOU USING FOR THIS SHOOT (country, province, city and specific shooting locations) | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| HOW MANY PEOPLE WILL BE ON SET? | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| COMPREHENSIVE GENERAL LIABILITY LIMIT | | | $ 1,000,000 | | | | | | $ 2,000,000 | | | | | |
| THIRD PARTY PROPERTY DAMAGE LIMIT | | | $ 1,000,000 | | | | | | $ 2,000,000 | | | | | |
|  | | | | | | | | | | | | | | |
| KINDLY PROVIDE US WITH THE RESUME OF THE PERSON IN CHARGE OF THE PROJECT. | | | | | | | | | | | | | | |

**Note:**

**If coverage is accepted, the total premium plus applicable tax on insurance premiums of 9% shall be paid in full to BFL CANADA Risk and Insurance Inc. by cash or certified check prior to the issuance of the documents.**

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.

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