Top of Form

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| **SECTION 1 – GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| NAME OF PRODUCTION COMPANY |  | | | | | | | | | | | | | | | | | | |
| ADDRESS |  | | | | | | | | | | | | | | | | | | |
| PHONE |  | | | | FAX | | | |  | | | | | | | | | | |
| E-MAIL |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| APPLICANT IS | Individual | | | Partnership | | | | | | | | | | Corporation | | | | | |
| PRESIDENT |  | | | | | | | | | | | | | | | | | | |
| VICE-PRESIDENT |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| EXPERIENCE OF APPLICANT (examples) | |  | | | | | | | | | | | | | | | | | |
| NUMBER OF YEARS IN BUSINESS | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PREVIOUS INSURER | |  | | | | | | | | | | | | | | | | | |
| HAS THE APPLICANT EVER HAD ANY ANNUAL PRODUCTION INSURANCE OR SIMILAR INSURANCE CANCELLED OR DECLINED IN THE LAST FIVE (5) YEARS? | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, please explain | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| DESCRIBE ANY PREVIOUS LOSSES (INSURED OR UNINSURED) SUSTAINED BY THE PRODUCER IN THE LAST FIVE (5) YEARS | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PERSON TO BE CONTACTED FOR PREMIUM AUDIT | |  | | | | | | | | | | | | | | | | | |
| TELEPHONE | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ESTIMATED ANNUAL GROSS PRODUCTION COST | | $ | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PERCENTAGE OF PRODUCTIONS ON | | FILM:       % | | | | | | | | | TAPE:       % | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| TYPE OF PRODUCTION | | Commercials | | | | | | Documentaries | | | | | | | | | Educational Films | | |
| Training Films | | | | | | Music Videos | | | | | | | | | Animated Films | | |
| Industrial Films | | | | | | Corporate Videos | | | | | | | | | Short Films | | |
| Others (explain) | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| MAXIMUM COST ANY ONE PRODUCTIONS | | $ | | | | | | | | | | | | | | | | | |
| MAXIMUM POSSIBLE LOSS EXPOSURE ANY ONE OCCURRENCE (total amount of negative film without protection prints at any one time, stored at one location) | | $ | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| MAXIMUM LENGHT OF TIME FOR ANY ONE PRODUCTION FROM START OF PRINCIPAL PHOTOGRAPHY TO PROTECTION PRINT | |  | | | | | | | | | | | | | | | | | |
| AVERAGE ESTIMATED LENGHT OF TIME FROM START OF PHOTOGRAPHY TO DATE OF PROTECTION PRINT OF ALL PRODUCTIONS TO BE INSURED | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PRODUCTION PERSONNEL ARE | | Union Members | | | | | | | | Non-Union Members | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ARE PROJECTS SCHEDULED OR ANTICIPATED TO BE PRODUCED OUTSIDE OF CANADA? | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, please explain | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| IS ANY POST-PRODUCTION WORK DONE FOR OTHERS? | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, kindly confirm estimated annual receipts | |  | | | | | | | | | | | | | | | | | |
| **Please note that this policy does not provide Negative or Faulty coverage on post production work that the applicant does for other production companies.** | | | | | | | | | | | | | | | | | | | |
| DOES THE APPLICANT HIRE INDEPENDENT CONTRACTORS? | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, do they carry their own insurance? | |  | | | | | | | | | | | | | | | | | |
| DOES THE APPLICANT RENT EQUIPMENT AND/OR PROPS TO OTHERS? | | | | | | | | | | | | Yes | | | | | | No | |
| If yes, do they carry their own insurance? | |  | | | | | | | | | | | | | | | | | |
| **Please note that this policy does not provide coverage for equipment and/or props while rented to third parties. A certificate of insurance adding the applicant as additional insured and loss payee and including the replacement cost should be received from the third party.** | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2 – INSURANCE COVERAGE** | | | | | | | | | | | | | | | | | | | |
| **COVERAGE REQUIRED** | | | | | | | **LIMIT** | | | | | | | | **DEDUCTIBLE** | | | | |
| 1. NEGATIVE FILM OR VIDEOTAPE | | | | | | |  | | | | | | | |  | | | | |
| 1. FAULTY STOCK, CAMERA AND PROCESSING | | | | | | |  | | | | | | | |  | | | | |
| 1. PROPS, SETS AND WARDROBE | | | | | | | Rented:  Owned: | | | | | | | |  | | | | |
| 1. MISCELLANEOUS EQUIPMENT | | | | | | | Rented:  Owned Fixed:  Owned Mobile: | | | | | | | |  | | | | |
| 1. THIRD PARTY PROPERTY DAMAGE LIABILITY | | | | | | |  | | | | | | | |  | | | | |
| 1. EXTRA EXPENSE | | | | | | |  | | | | | | | |  | | | | |
| 1. OFFICE CONTENTS | | | | | | | Rented:  Owned: | | | | | | | |  | | | | |
| 1. MONEY AND SECURITIES | | | | | | |  | | | | | | | |  | | | | |
| 1. COMMERCIAL VEHICLE PHYSICAL DAMAGE | | | | | | | Per vehicle: | | | | | | | |  | | | | |
| Aggregate Limit: | | | | | | | |  | | | | |
| OTHER COVERAGES | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **NEGATIVE FILM OR VIDEOTAPE** | | | | | | | | | | | | | | | | | | | |
| NAME AND LOCATION OF PRINCIPAL: | | | | | | | | | | | | | | | | | | | |
| LABORATORIES TO BE USED | | | | | |  | | | | | | | | | | | | | |
| VAULTS TO BE USED | | | | | |  | | | | | | | | | | | | | |
| CUTTING ROOMS TO BE USED | | | | | |  | | | | | | | | | | | | | |
| AVERAGE DISTANCES OF SHOOTING LOCATIONS TO LABORATORY | | | | | | | | | | | | | | | |  | | | |
| WILL ANY SPECIAL FILM PROCESSES, SPECIAL EFFECTS OR EQUIPMENT (e.g. Panavision, Cinerama, Imax, etc.) BE USED? | | | | | | | | | | | | | Yes | | | | | | No |
| If yes, please explain | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | | | | | | | | |
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| **PROPS, SETS AND WARDROBE** | | | | | | | | | | | | | | | | | | | |
| LOCATION TO WHICH PROPS, SETS AND WARDROBE WILL BE RETURNED WHEN NOT IN USE | | | | | | | | | | | | | | | | | | | |
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| **MISCELLANEOUS EQUIPMENT** | | | | | | | | | | | | | | | | | | | |
| BRIEF DESCRIPTION OF PROTECTION OF PROPERTY OF THE INSURED’S PREMISES (firefighting equipment, watchman, alarm system connected to the central, etc.) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| LOCATION TO WHICH MISCELLANEOUS EQUIPMENT WILL BE RETURNED WHEN NOT IN USE | | | | | | | | | | | | | | | | | | | |
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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) | | |
|  | | |
|  | | |

**IMPORTANT**

**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 coverage limitation as respects accumulated unprocessed negative film in excess of 5 shooting days.**

**Underwriters must be advised in advance of the following: use of animals, aircraft, watercraft, railroads, stunts, car chase scenes, underwater filming, pyrotechnics, special effects or anything which could be considered hazardous or dangerous.**

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 : |  |