



**SPECIAL ENTERTAINMENT PACKAGE POLICY APPLICATION**  
*(Documentaries, Industrial, Commercial, Educational & Training Films, Short Subjects)*

1. Applicant/Business Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

owned                       rented                       if rented, square footage: \_\_\_\_\_

3. Contact Information:     Phone: \_\_\_\_\_                      Fax: \_\_\_\_\_

   Email: \_\_\_\_\_                      Website: \_\_\_\_\_

4. Applicant:      individual                       partnership                       corporation                       name officers below

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

5. Desired Term of Coverage:     12 months starting: \_\_\_\_\_

6. Experience of Applicant:     Years in business: \_\_\_\_\_     Full Time: \_\_\_\_\_     Part Time: \_\_\_\_\_

7. Insurance History:                      Previous Insurer: \_\_\_\_\_

Has applicant ever had any insurance cancelled or declined in the last five years?      no      yes

*explain:* \_\_\_\_\_

Describe any previous losses of \$10,000 or more (*insured or uninsured*) sustained by the Producer in the last five years:  
*(continue on separate sheet if necessary)* \_\_\_\_\_

8. Audit Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

9. Productions are on:                       film                       tape                       both                      \_\_\_\_\_ % film                      \_\_\_\_\_ % tape

10. Production Personnel are:                       union members                       non-union members                       both

11. Estimated number of productions annually: \_\_\_\_\_

12. Estimated Gross Annual:                      Tape     \$     \_\_\_\_\_

   Film     \$     \_\_\_\_\_

   Total     \$     \_\_\_\_\_

13. Post Production Work:                      Is any post-production work to be done for others?                       yes                       no

14. Type of films to be produced:  Commercials  Documentaries  Educational Films  
 Training Films  Music Videos  Animated Films  
 Other (please describe): \_\_\_\_\_

15. Maximum cost of any one production: \$ \_\_\_\_\_

16. Maximum loss exposure in dollars or of any one occurrence (total amount of negative film without protection prints at any one time stored at one location): \$ \_\_\_\_\_

17. Maximum length of time of any one production from start of photography to date of protection print:  
 \_\_\_\_\_

18. Average estimated length of time from start of photography to date of protection of all productions to be insured: \_\_\_\_\_

19. Are projects scheduled, or anticipated to be produced, outside of the United States or Canada?  
 no  yes (see "Foreign Filming" below)

**Foreign Filming** – There is no coverage for foreign filming unless agreed in advance. If you plan on filming outside of North America, please contact us well in advance of departure and provide full details of filming including: production schedule, foreign budget, value of gear in transit, protection of the shot footage and gear. We will then be able to review coverage, contact underwriters and negotiate any necessary alterations to your policy. An additional premium and/or higher deductible(s) and/or coverage sub-limit(s) may be applied.

20. Name(s) of Release or Distribution organizations or agencies used: \_\_\_\_\_

21. Loss, if any, to be payable to:  insured  other: \_\_\_\_\_

**COVERAGE OPTIONS DESIRED**

Cast Coverage is not included unless requested - an additional premium will apply. Cast Coverage should be discussed on a project-by-project basis.

22.  NEGATIVE/VIDEOTAPE LIMIT OF LIABILITY: \$ \_\_\_\_\_

(a) Laboratories to be used: \_\_\_\_\_

(b) Vaults to be used: \_\_\_\_\_

(c) Cutting rooms to be used: \_\_\_\_\_

(d) Average distances of shooting locations to laboratory: \_\_\_\_\_

(e) Any special film processes, special effects or equipment? (eg: Cinerama, Imax, etc)  
 no  yes, please explain: \_\_\_\_\_

23.  FAULTY STOCK, CAMERA, PROCESSING      LIMIT OF LIABILITY: \$ \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24.  PROPS, SETS AND WARDROBE      LIMIT OF LIABILITY: \$ \_\_\_\_\_

Full 100% Value of Owned:      \$ \_\_\_\_\_       schedule attached

Rented:      \$ \_\_\_\_\_      (maximum value at any one time)

25.  MISCELLANEOUS EQUIPMENT (I.E. FILMING EQUIPMENT)

\* EXPLAIN ALL "YES" RESPONSES BELOW

(a) Property used underwater, in the air or for stunts:       yes       no

Explain: \_\_\_\_\_

(b) Does applicant rent or loan equipment to others?       yes       no

Explain: \_\_\_\_\_

Rental receipts on equipment rented with insurance:      \$ \_\_\_\_\_

Rental receipts on equipment rented without insurance:      \$ \_\_\_\_\_

(c) Does applicant want Loss of Rental Income coverage?       yes       no

(d) Valuation of equipment is requested on:       Replacement Cost Value       Actual Cash Value Basis

REQUESTED LIMITS OF COVERAGE:

Owned Mobile Equipment:      \$ \_\_\_\_\_

Owned Fixed Equipment:      \$ \_\_\_\_\_

Rented Equipment:      \$ \_\_\_\_\_

(e) Location where your equipment is kept when not in use: \_\_\_\_\_

Description of Building:       office       industrial unit       personal residence

Year Built (approximately): \_\_\_\_\_

Number of Storeys: \_\_\_\_\_

Type of Construction:       frame       masonry

fire resistive       other: \_\_\_\_\_

(f) What is the business of other occupants in your building? \_\_\_\_\_

(g) Please provide security details at the location where the equipment is kept when not in use. Do the above premises (where the equipment is being kept) have the following (check all that apply):

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> monitored alarm                     | <input type="checkbox"/> local alarm | <input type="checkbox"/> smoke alarms |
| <input type="checkbox"/> fire fighting equipment             | <input type="checkbox"/> sprinklers  | <input type="checkbox"/> watchman     |
| <input type="checkbox"/> other protections (describe): _____ |                                      |                                       |

26.  THIRD PARTY DAMAGE                      LIMIT OF LIABILITY: \$ \_\_\_\_\_

Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities owned by third parties generally to be used in connection with the productions for which the Applicant may be responsible: \_\_\_\_\_

27.  EXTRA EXPENSE                      LIMIT OF LIABILITY: \$ \_\_\_\_\_

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

(a) Estimated time needed to reconstruct destroyed special sets or scenery: \_\_\_\_\_

(b) Estimated time needed to replace lost or destroyed special equipment: \_\_\_\_\_

(c) Check which coverage is required:

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Civil Authority                            | Limit: \$ _____ |
| <input type="checkbox"/> Guild Union Strike                         | Limit: \$ _____ |
| <input type="checkbox"/> Disruption of Outside Power                | Limit: \$ _____ |
| <input type="checkbox"/> Mechanical Breakdown of Camera Equipment   | Limit: \$ _____ |
| <input type="checkbox"/> Mechanical Breakdown of Any Other Property | Limit: \$ _____ |

28.  OFFICE CONTENTS                      LIMIT OF LIABILITY: \$ \_\_\_\_\_

(a) Full address of Premises/Location(s): \_\_\_\_\_

(b) Full 100% value of Owned Contents: \$ \_\_\_\_\_  attach schedule

29.  COMMERCIAL GENERAL LIABILITY

Quote the following limits:  \$ 1,000,000  
 \$ 2,000,000  
 \$ 5,000,000  
 \$10,000,000

Is Primary Automobile Liability required?  yes  no

UMBRELLA LIABILITY

Quote the following limits:  \$4,000,000  
 \$9,000,000

30.  COMMERCIAL VEHICLE PHYSICAL DAMAGE

PER VEHICLE: \$ \_\_\_\_\_  
 AGGREGATE: \$ \_\_\_\_\_  
 PER OCCURRENCE: \$ \_\_\_\_\_

31.  MONEY & SECURITIES

LIMIT OF LIABILITY: \$ \_\_\_\_\_

EMPLOYEE DISHONESTY

LIMIT OF LIABILITY: \$ \_\_\_\_\_

32.  ANIMAL MORTALITY

LIMIT OF LIABILITY  
 PER ANIMAL: \$ \_\_\_\_\_  
 AGGREGATE: \$ \_\_\_\_\_

**OPTIONAL COVERAGE**

<input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTERRUPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY OFF PREMISES/IN TRANSIT
<input type="checkbox"/> YES <input type="checkbox"/> NO	OWNED OR NON-OWNED AIRCRAFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECTORS' & OFFICERS' LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	OWNED OR NON-OWNED WATERCRAFT	<input type="checkbox"/> YES <input type="checkbox"/> NO	POLLUTION
<input type="checkbox"/> YES <input type="checkbox"/> NO	MARINE CHARTERER'S LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	GUILD/UNION ACCIDENT INSURANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO	POLITICAL RISK/WAR INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	BOILER & MACHINERY
<input type="checkbox"/> YES <input type="checkbox"/> NO	TERRORISM	<input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE BENEFITS LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	WORKERS' COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	FIDUCIARY LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	INTERNATIONAL VOLUNTARY WORKERS' COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROFESSIONAL LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	INTERNATIONAL DIC/EXCESS AUTO	<input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE PRACTICES LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	CIVIL COMMOTION/RIOT INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYEE FIDELITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER THEFT/FUNDS TRANSFER
<input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSPORTATION INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	MULTI MEDIA LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY AUTOMOBILE LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	KIDNAP & RANSOM
<input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE/DISABILITY INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	CANCELLATION OF EVENT/NON-APPEARANCE INSURANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO	LIVING QUARTERS FOR CAST OR CREW	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADMITTED FOREIGN LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEATHER INSURANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENTAL DEATH & DISMEMBERMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	RAILROAD PROTECTIVE LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	ANIMAL MORTALITY/LEGAL LIABILITY FOR INJURY TO ANIMALS INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXHIBITION FLOATER
<input type="checkbox"/> YES <input type="checkbox"/> NO	MARINE CARGO INSURANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	FILM/VIDEOTAPE LIBRARY
<input type="checkbox"/> YES <input type="checkbox"/> NO	WORKPLACE VIOLENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO	SURETY BONDS
<input type="checkbox"/> YES <input type="checkbox"/> NO	ANTIQUES/OBJECTS OF ART	<input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLATION FLOATER
<input type="checkbox"/> YES <input type="checkbox"/> NO	LOSS OF UTILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	WRAP-UP LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTORS ERRORS & OMISSIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TRADE CREDIT INSURANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO	GARAGE AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	PRODUCERS E&O
<input type="checkbox"/> YES <input type="checkbox"/> NO	SATELLITE/TRANSMISSION INTERRUPTION	OTHER, PLEASE SPECIFY: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDERS RISK		

**IMPORTANT**

1. This policy does **NOT** cover the assured for costs in excess of \$25,000 for talent, services or facilities provided by others and not budgeted and paid for by the assured, unless specifically declared and endorsed on to 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 cameras, lenses and related equipment are to be fully tested; as well as a coverage limitation as respected to accumulated unprocessed negative film in excess of five shooting days.

Signing this application does not bind the Applicant or Underwriter 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 the information in the application fully represents the true statements of facts.**

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE : \_\_\_\_\_