



PRODUCTION PACKAGE APPLICATION

APPLICANT

1. Name of applicant: _____
2. Name of parent company, if any: _____
3. If applicant is not a corporate entity, indicate whether individual partnership other (*specify*) _____
4. Address: _____

PRODUCTION

5. Title of production: _____
6. Director: _____ Producer(s): _____
7. Production Manager: _____ Director of Photography: _____
8. List of prior productions of producers: available on imdb website resume attached
(a) Previous Insurer: _____
(b) Describe any previous losses of \$10,000 or more (*insured or uninsured*) sustained by the producer in the last five years: _____

9. Identify financing source(s): _____
10. Name of release or distribution organization: _____
11. Name of completion bond company, if any: film finance other (*specify*) _____



12. Indicate whether production is:

- (a) motion picture feature for initial theatrical release
- (b) motion picture straight to video release
- (c) television production motion picture feature pilot special series
 documentary other (*specify*) _____

13. Indicate running time (30 min, 60 min, 90 min, etc.): _____

14. If a series, indicate number of episodes: 13 22 other (*specify*) _____

15. Are episodes: stand alone (*complete story per episode*) or continuous storyline

16. (a) Type of story: drama comedy action
 other: _____

(b) Attach Synopsis

17. (a) Identify all shooting locations (*including city, state, province & number of weeks at each*)

(b) Date of commencement of pre-production: _____

(c) Principal photography period: from: _____ to: _____

(d) Number of shooting days: _____ days per week: _____

(e) Estimated completion of protection print: _____

(f) If series, delivery date of first episode: _____ last episode: _____

18.

Does the production involve any stunts, special effects (SPFX) or other hazardous activity? If so, describe all special stunts and scenes involving animals, underwater shooting, motorcycles, snow machines, special vehicles, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives or other possible hazardous activities:



19. If the answer to #18 is "yes", will any person insured under cast coverage take part in any of the activities or SPFX or take part in piloting an aircraft?

no yes if yes, attach completed stunt and spfx questionnaire

Any stunt precision driving: no yes If yes, provide details: _____

note: policy may contain exclusion for physical damage to vehicles arising out of stunt or precision driving

BUDGET

20. currency: \$US \$Canadian other (specify): _____

(a) Total budget (attach budget) \$ _____

(b) Story and scenario (attach Synopsis) \$ _____

(c) Other items not included in definition of production

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

(e) Total negative cost (a less b less c) \$ _____

(f) Post production costs \$ _____

(g) Net insurable production costs (e less f) \$ _____

20. (a) Indicate if any of the following optional items are to be insured:

- story/scenario music/sound rights royalties indirect overhead
- permanent sets owned wardrobe props equipment personal property taxes

(b) Identify budgeted amount for each optional item to be insured: _____

Initial



COVERAGES

21. CAST INSURANCE

LIMIT OF LIABILITY: \$ _____

Person to be insured: _____ age: _____ (please indicate if other than actor or actress)

Number of weeks prior to principal photography coverage to commence: _____

Coverage period: from: _____ to: _____

Include pre production cast insurance: no yes if yes, limit \$ _____

Include post production cast insurance: no yes if yes, limit \$ _____
if yes, No. of weeks after principl photography _____

Include family bereavement insurance: no yes if yes, limit \$ _____ no. of days: _____

Include essential element coverage: no yes

Stop date loss coverage no yes if so, on how many cast: _____

22. NEGATIVE/VIDEOTAPE

LIMIT OF LIABILITY: \$ _____

Note that materials need to be tested prior to use

(a) Film laboratory to be used: Rainmaker Technicolour other (specify): _____

(b) Cutting/editing rooms to be used: _____

Coverage period: from: _____ to: _____

Negative / videotape to be transported to processing lab/post production facility via:

Frequency: vehicle other (specify): _____
 daily other (specify): _____

Production is on: 35mm 16mm video HDTV other (specify): _____

Initial



23. FAULTY STOCK, CAMERA AND PROCESSING **LIMIT OF LIABILITY: \$** _____

Describe procedures used by the applicant to test camera, lenses, raw stock and equipment in order to establish their suitability prior to using such equipment for filming or taping:

industry standard other (specify): _____

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

List any antiques, objects of art, rugs, furs, jewellery, precious or semiprecious stones / metals / alloys in excess of \$25,000: _____

Is increase in limit required: no yes if so, limit: \$ _____

Coverage period: from: _____ to: _____

25. MISCELLANEOUS EQUIPMENT **LIMIT OF LIABILITY: \$** _____

Describe measures to be in place to protect property (fire fighting equipment, watchman, etc): _____

Equipment Rental Company: _____

Location where the equipment will be returned when not in use: _____

Coverage period: from: _____ to: _____

26. THIRD PARTY PROPERTY DAMAGE **LIMIT OF LIABILITY: \$** _____

Describe any property (*other than miscellaneous equipment, props, sets, etc.*) or facilities owned by a third party for which the applicant will be responsible and will use in connection with the production: _____

Coverage period: from: _____ to: _____

27. MONEY & SECURITIES **LIMIT OF LIABILITY: \$** _____

Details of storage: locked safe locked file cabinet other specify: _____

Coverage period: from: _____ to: _____

Initial



28. EXTRA EXPENSE **LIMIT OF LIABILITY: \$** _____
(as a result of loss or damage to property or facilities used in connection with production)

Estimated time needed to reconstruct destroyed sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

What other location or studio facilities would be immediately available? _____

Coverage period: from: _____ to: _____

Include civil authority coverage: no yes if so, limit: \$ _____

Include non-entertainment industry guild union strike coverage: no yes if so, limit: \$ _____

Include disruption of outside power coverage required: no yes if so, limit: \$ _____

Include mechanical breakdown of camera equipment coverage: no yes if so, limit: \$ _____

Include seizure and quarantine coverage: no yes if so, limit: \$ _____

Include coverage for mechanical breakdown or any other property: no yes if so, limit: \$ _____

If yes, what Property? _____

29. OFFICE CONTENTS **LIMIT OF LIABILITY: \$** _____

Coverage period: from: _____ to: _____

30. PHYSICAL DAMAGE TO VEHICLES OWNED BY THIRD PARTIES

Coverage period: from: _____ to: _____

Maximum value any one vehicle:

Per Occurrence \$ _____

Aggregate limit: \$ _____

Will the production company own any vehicles: no yes

Initial



31. COMMERCIAL GENERAL LIABILITY

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

Is international extension required? no yes if so, limit: \$ _____

Are you now or will you be a signatory to any guild, union or other service contracts that require you to indemnify a third party? no yes

If yes, provide details: _____

32. UMBRELLA LIABILITY

- \$ 1,000,000
- \$ 4,000,000
- \$ 9,000,000
- other

33. PRODUCERS' ERRORS & OMISSIONS

Limits of liability	OPTION #1 <input type="checkbox"/>	OPTION #2 <input type="checkbox"/>
	\$ 1,000,000 any one claim	\$ 3,000,000 any one claim
	\$ 3,000,000 aggregate	\$ 5,000,000 aggregate
	\$ 10,000 deductible	\$ 10,000 deductible

Other limits required: any one claim \$ _____
 aggregate \$ _____
 deductible \$ _____

Is coverage required for companion website? yes no

Is coverage required for merchandising or companion materials? yes no

Is coverage required for bodily injury or property damage arising out of the dissemination of material conveying specific ideas, advice, instruction, direction or suggestion to others on how to do something?

yes no

Initial

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	LOSS OF UTILITIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLATION FLOATER
<input type="checkbox"/> YES <input type="checkbox"/> NO	DISTRIBUTORS ERRORS & OMISSIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO	WRAP-UP LIABILITY
<input type="checkbox"/> YES <input type="checkbox"/> NO	GARAGE AUTO LIABILITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	TRADE CREDIT INSURANCE
<input type="checkbox"/> YES <input type="checkbox"/> NO	SATELLITE/TRANSMISSION INTERRUPTION	OTHER, PLEASE SPECIFY: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDERS RISK		

IT IS UNDERSTOOD AND AGREED THAT THE POLICY FOR WHICH I APPLIED TODAY WILL NOT BECOME EFFECTIVE AND NO LIABILITY SHALL BE INCURRED UNDER THE APPLICATION UNTIL AN INSURANCE BINDER HAS BEEN ISSUED.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR UNDERWRITERS 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. ANY MATERIAL CHANGE TO THE COMPANY'S EXPOSURE MUST BE REPORTED PRIOR TO COVERAGE APPLYING.

I/WE HAVE READ THE ABOVE AND AGREED THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THE INFORMATION IN THE APPLICATION FULLY REPRESENTS TRUE STATEMENT OF FACTS.

DATE: _____

APPLICANT SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____