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1. Name of Production Company (Applicant): _____
 2. Address: _____
 3. Applicant is: Individual Partnership Corporation, the officers of which are:
President: _____ Vice Pres.: _____
Secretary: _____ Treasurer: _____
 4. Experience of Applicant (examples): _____
 5. Years in this business: _____
 6. (a) Previous Insurer: _____ Policy Number: _____
(b) Previous Loss Experience in Last Five (5) Years _____
(c) Has Applicant Ever Had Insurance Cancelled or Declined the Past Five (5) Years: _____
If yes, Explain: _____
 7. Productions are on: Film _____ Tape: _____
Both (Percentage of Each) _____
 8. Production Personnel are: Union Members: _____ Non-Union Members: _____
 9. Estimated Number of Productions to be Produced Annually: _____
 10. Estimated Gross Annual Productions Costs:
Tape \$ _____ Film \$ _____ Total \$ _____
 11. Is Any Post Production Work Done For Others? Yes _____ No _____
 12. Types of Films To Be Produced: Commercials _____ Documentaries _____
Educational Films _____ Music Videos _____ Training Films _____
Other _____
 13. Maximum Cost Any One Production \$ _____
 14. Maximum Length of Time Any One Production From Start of Photography to Date of Protection Print:

15. Are Any Projects Scheduled or Anticipated To Be Produced Outside of Canada? Yes _____ No _____
If yes, Explain _____

16. COVERAGES DESIRED

NEGATIVE/VIDEOTAPE

- (a) Laboratories to be used: _____
- (b) Vaults to be used: _____
- (c) Cutting room to be used: _____
- (d) Average distances of shooting locations to laboratory: _____

Limit of Liability \$ _____

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: _____

Limit of Liability \$ _____

PROPS, SETS AND WARDROBE

Full 100% Value of Owned: _____ (Attach Schedule)
Rented: _____ (Maximum Value At Any One Time)

Limit of Liability \$ _____ (Owned)
Limit of Liability \$ _____ (Rented)

MISCELLANEOUS EQUIPMENT

Full 100% Value of Owned: _____ (Attach Schedule)
Rented: _____ (Maximum Value At Any One Time)

Limit of Liability \$ _____ (Owned)
Limit of Liability \$ _____ (Rented)

Brief description of protection of property on the Insured's premises (fire fighting equipment, watchman, alarm, etc.):

Location to which Miscellaneous Equipment and Props, Sets and Wardrobe will be returned when not in use:

CAST INSURANCE

Are any cast members/commentators participating in more than one production at the same time? _____
Have medicals been obtained for insured persons? _____ If yes, attach copy.
If no, advise when medicals will be available _____

Persons to be insured (Specify Age)
1) _____ 2) _____
3) _____ 4) _____

Limit of Liability \$ _____

EXTRA EXPENSE (as a result of loss of or damage to property or facilities used in connection with Insured Production)

Limit of Liability \$ _____

OFFICE CONTENTS (address of Premises/Location(s))

Limit of Liability \$ _____

COMPREHENSIVE GENERAL LIABILITY/TENANTS LEGAL LIABILITY

Limit of Liability \$ _____ Limit of Liability \$ _____

17. Desired Effective Date _____ Policy Term _____

SUMMARY OF COVERAGES (To Be Completed by Broker)

Negative/Video Tape \$ _____ Faulty Stock/Camera/Processing \$ _____

Miscellaneous Equip \$ _____ Props/Sets/Wardrobe \$ _____

Cast Insurance \$ _____ Office Contents \$ _____

Comp General Liab \$ _____ Tenants Legal Liab \$ _____

Estimated Annual Premium \$ _____

Signing this application does not bind the applicant to complete the insurance, but it is 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 same fully represents the true statement of facts.

Date: _____ Applicant: _____

By: _____

Title: _____

Agent/Broker: _____

Address: _____