



PRODUCTION INSURANCE APPLICATION

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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. Director: _____ Producer: _____ Production
Manager: _____
 5. Experience of Applicant & Director (examples): _____

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6. **Title of Production:** _____
 - (a) Type of Story (Documentary, Training, Drama, etc.): _____
 - (b) Storyline & action sequences: _____

7. (a) Type of filming (outdoors/indoors/terrain/any special hazards, i.e. underwater/overwater): _____

- (b) Describe all special stunts, scenes involving animals, motorcycles, special vehicles, boats, aircraft, explosives or any special hazardous activity: _____

- (c) Location (City & Province) and number of weeks at each: _____

- (d) Will any filming be done in the United States? If yes, describe and include estimated duration: _____

8. Production personnel are: Union Members Non-Union Members
9. Studio to be used: _____
10. Laboratory to be used: _____
11. Vaults to be used: _____
12. Cutting rooms to be used: _____
13. Any special film processes or equipment (Panavision, Cinerama, Todd-A-O, etc.): _____

14. Negative films to be transported to processing lab:
- (a) Via: _____
- (b) Frequency: _____

15. Loss, if any, payable to: _____
16. Indicate financing source or organization: _____
17. Release or Distribution Organization: _____

18. **Production Schedule**

	Date	Duration
Commencement of Preproduction	_____	_____
Commencement of Principal Photography	_____	_____
Estimated Completion of Protection Print	_____	

19. **Estimated Costs**

(a) Total Budget	\$	_____
(b) Story and Scenario	\$	_____
(c) Music & Sound Rights & Royalties	\$	_____
(d) Total Negative Cost (a less b & c)	\$	_____
(e) Post Production Costs	\$	_____
(f) Net Insurable Production Costs (d less e)	\$	_____

20. Indicate if any of the following optional items are to be insured:
- (a) Story (d) Sound Rights
- (b) Scenario (e) Royalties
- (c) Music Rights (f) Continuity

21. Percentage of Direct Cost to be included as Overhead: _____
22. Explain Amount of Deferments if any: _____

23. Persons to be Insured (Specify Age)

(1) _____	(5) _____
(2) _____	(6) _____
(3) _____	(7) _____
(4) _____	(8) _____

24. **Coverage Desired:** (Indicate Full Values & Deductibles)

	Limit of Liability	Deductible (\$500 Standard)
Cast Insurance	\$ _____	\$ _____
Negative/Videotape	\$ _____	\$ _____
Faulty Stock, Camera & Processing	\$ _____	\$ _____
Props	\$ _____	} \$ _____
Sets & Scenery	\$ _____	
Costumes & Wardrobe	\$ _____	
Office Contents	\$ _____	\$ _____
Cameras, Sound, Lighting, Recording, Electrical Mech. Effects & Grip Equip., Editing & Projection	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Comprehensive General Liability	\$ _____	\$ _____
Tenant's Fire Legal Liability	\$ _____	\$ _____

The policy provides for \$100,000 coverage automatically, for buildings you rent or lease.
 If you require a higher limit, state amount required and location/description of property. \$ _____

25. Are any cast members/commentators participating in more than one production at the same time? _____

26. Have any medicals been obtained for Insured Persons? If yes, attach copy. Attached

If no, advise when the medical(s) will be available. _____

27. Where will equipment be kept during use? _____

28. Location to which equipment is returned when not in use: _____

29. Indicate Inventory Control Methods and who is responsible: _____

30. How will equipment be transported? _____

31. Props or equipment item valued in excess of \$25,000? (Explain) _____

32. Any mobile location studio vehicle used? _____ Values: _____

33. Describe each unit in detail? _____

34. Brief description of protection of property (fire fighting equipment, watchman, etc.): _____

35. Time required for Props, Sets & Equipment coverage prior to and after Principal Photography”
Days Prior: _____ Days After: _____

36. Estimated time needed to reconstruct destroyed sets or scenery: _____

37. What other location or studio facilities are immediately available? _____

38. Description of all shooting locations: _____

39. Has any form of insurance every been cancelled or declined: _____ If “yes”, Explain: _____

40. Previous Insurer and Policy No.: _____

41. Previous Loss Experience: _____

42. Desired Effective Date: _____ Desired Term of Policy: _____

43. Is there presently in effect a liability policy in Applicant’s name? Yes No

If yes, advise Carrier’s name and Policy number: _____

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: _____