



## D. I. C. E. APPLICATION

(Documentaries, Industrial, Commercials, Educational Films)

1. Name of Production Company (Applicant) \_\_\_\_\_  
\_\_\_\_\_
  
2. Address \_\_\_\_\_  

Street
City
County
State
Zip Code

 Website Address: \_\_\_\_\_
  
3. Applicant is:  Individual     Partnership     Corporation     Limited Liability Corporation (list officers)  
 President \_\_\_\_\_ Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_
  
4. Experience of Applicant (provide examples and copy of resume/bio) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Financing source \_\_\_\_\_
  
6. Release or Distribution organization \_\_\_\_\_
  
7. Loss, if any, to be payable to \_\_\_\_\_
  
8. Productions are on:     Film     Digital     Tape     All  
 \_\_\_\_\_ % Film    \_\_\_\_\_ % Digital    \_\_\_\_\_ % Tape
  
9. Production personnel are:     Union Members     Non-Union Members
  
10. Name and location of:
  - a. Studios to be used. \_\_\_\_\_
  - b. Laboratory to be used. \_\_\_\_\_
  - c. Vaults to be used. \_\_\_\_\_
  - d. Cutting rooms to be used. \_\_\_\_\_
  
11. Estimated number of productions to be produced annually \_\_\_\_\_ Average Cost \$ \_\_\_\_\_  
 Maximum Cost \$ \_\_\_\_\_ Any One Production
  
12. Estimated gross annual production costs:  
 Tape \$ \_\_\_\_\_ Film \$ \_\_\_\_\_ Total \$ \_\_\_\_\_
  
13. Type of Productions & Percentage of Activity
 

Music Video	_____ %	2nd Unit Filming	_____ %	Industrial	_____ %
Commercials	_____ %	Travel Logs	_____ %	CD-ROM	_____ %
Computer Effects	_____ %	Exercise Videos	_____ %	Animation	_____ %
Infomercials	_____ %	Still Shots	_____ %	Other	_____ %

Other Documentaries/Infomercials, please describe in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Special Hazards: Will any of the productions involve the following:

- Stunts     Railroads     Watercraft     Aircraft     Underwater Filming     Animals

Describe (use separate sheet if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Percentage of Direct Cost to be included as Overhead (if any) \_\_\_\_\_

16. Percentage of productions to be filmed outside of the U.S. or Canada \_\_\_\_\_

Which countries \_\_\_\_\_

Number of times per year \_\_\_\_\_ Average days per production \_\_\_\_\_

Maximum cost any one production \$ \_\_\_\_\_

17. Maximum length of time 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 print of all productions to be insured

19. Maximum loss exposure: \$ \_\_\_\_\_ any one occurrence  
 (Total amount of negative film without protection prints at any one time stored at one location)

20. **Description and values at risk:** (indicate whether owned or rented and give dollar amount breakdown)

	<b>Owned</b>	<b>Rented</b> (Highest any one time)	<b>Totals</b>
Props	\$ _____	\$ _____	\$ _____
Sets & Scenery	\$ _____	\$ _____	\$ _____
Wardrobe & Costumes	\$ _____	\$ _____	\$ _____
Cameras & Lenses	\$ _____	\$ _____	\$ _____
Sound & Recording	\$ _____	\$ _____	\$ _____
Electrical & Lighting	\$ _____	\$ _____	\$ _____
Editing & Projection	\$ _____	\$ _____	\$ _____
Other Equipment	\$ _____	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____	\$ _____

If any individual items valued in excess of \$25,000, give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Negative to be transported to processing lab:

Via \_\_\_\_\_ Frequency \_\_\_\_\_

22. Inventory control methods \_\_\_\_\_

Person responsible \_\_\_\_\_

23. Any mobile location studio vehicles used?  Yes  No Values \$ \_\_\_\_\_  
Describe each unit in detail. \_\_\_\_\_  
\_\_\_\_\_

Estimated annual cost of hire \$ \_\_\_\_\_

24. Provide details on protection and security of equipment/property while in use (on location/during transport) and while stored/not in use. \_\_\_\_\_  
\_\_\_\_\_

25. Do you rent property to others?  Yes  No; If yes, what are the annual receipts? \_\_\_\_\_  
Please provide a copy of your rental contract.

26. Has any form of insurance ever been cancelled or declined?  Yes  No (NOT APPLICABLE IN MISSOURI)  
If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

27. Previous Insurer \_\_\_\_\_ Policy No. \_\_\_\_\_

28. Previous loss experience \_\_\_\_\_  
\_\_\_\_\_

29. **COVERAGES DESIRED**

	<b>Limit of Liability</b>	<b>Deductible</b>
Negative/Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props, Sets and Wardrobe	\$ _____	\$ _____
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing, Projection & Other Equipment	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Property Damage Liability	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____

30. Desired Effective Date of Policy \_\_\_\_\_ Term \_\_\_\_\_

Signing this application does not bind the Applicant or the Company 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 same fully represents the true statement of facts.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Federal Employer I.D. No. \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

## **FRAUD WARNING**

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### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.**

**All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.**