



**Berkley**  
**Entertainment**

| a Berkley Company

**PYROTECHNIC / EXPLOSIVES SUPPLEMENTAL APPLICATION**

This questionnaire is a critical part of the insurance coverage process and will become one of the legal documents that are the basis for insurance coverage as stated in the application. The warranties expressed in the insurance application are summarily expressed for this questionnaire. Therefore, it is necessary that the questionnaire be completed in full, dated and signed. Complete this form and submit at least 5 days prior to the beginning of the Event or Principal Photography.

Applicant \_\_\_\_\_ Today's Date \_\_\_\_\_

Event Or \_\_\_\_\_

1. Name of Special Effects Coordinator \_\_\_\_\_

2. Are you a licensed pyrotechnics specialist?  Yes  No

If yes, length of time licensed \_\_\_\_\_ Class of license \_\_\_\_\_

3. Length of time working in the Special Effects facet of the motion picture and/or television business \_\_\_\_\_

4. List last five (5) credits by Event or Production Title in which you supervised/coordinated the use of pyrotechnics/explosives:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

Any insurance losses as a result?  Yes  No If yes, describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Indicate the following for this event or project:

Scene No.	Event/Scene Description	Pyrotechnics Description

6. Indicate the following concerning the implosion and/or explosion sequences to be expected:

Planned Date	Sequence Location	Subject of Intended Explosions	Detonation Materials Used

7. If the subject of intended implosions/explosions are buildings, complete the following:

Building Type/Description	Structure Suitable for Explosion	Distance of Other Structures/ Properties From Explosion

8. Name of Project Licensed Powder Person \_\_\_\_\_

9. Indicate which safeguards will be taken at each sequence location:

- Use of pyrotechnics/explosives on "Call Sheets."
- On-site meeting with all Production Company personnel involved with sequence.
- "On-Site Walk-through" or "Dry Run" of sequence to be performed before camera rolling and after any substantial changes.
- Acceptable avenues of escape have been established and all Production Company personnel notified of routes.
- Only persons and crew necessary for the purpose of filming each sequence will be at sequence explosion area.
- "No Smoking" signs are posted in all areas of sequence locations and no smoking or open flames permitted within 50 feet where explosives or pyrotechnic devices are stored or handled.
- No person under age 18 shall be near where explosives are used (Title 8 of CA Administrative Code).
- Fire Marshall present at all times.

10. Additional safeguards:

- a. Is the transportation handling, and storage of explosives and/or pyrotechnic devices being carried out in accordance with all applicable Federal, State and Local laws?  Yes  No
- b. Will ALL proper authorities be notified in advance that explosives will be used at each sequence location?  Yes  No
- c. Will ALL explosives and explosive devices be shunted?  Yes  No
- d. Will the detonation of explosives be from a DC power source?  Yes  No
- e. During preparation of pyrotechnics/explosives, will the proper personnel be alerted to avoid all radio transmission in the area?  Yes  No
- f. Have proper ventilation measures been taken at each sequence location where explosives will be executed?  Yes  No
- g. Have you discussed the explosion sequence with ALL concerned parties at each location?  Yes  No  
 If yes, were you requested by any of these concerned parties to take additional safeguards to protect the sites used for explosion as well as other property thought to be vulnerable to explosion?  Yes  No

If yes, explain additional requested safeguards taken at each sequence.

\_\_\_\_\_

h. Distance the general public and surrounding structures will be from the sequence.

\_\_\_\_\_

11. Is the Project Director at any of the sequence locations?  Yes  No

If yes, which sequence(s)? \_\_\_\_\_

Why? \_\_\_\_\_

12. Are any of the Insured Cast Members involved in any of the pyrotechnics scenes or at any of the sequence locations?

Yes  No If yes, list the following:

Cast Member Name	Scene Number

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.**