



## TELEVISION PRODUCTION APPLICATION

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 and others)

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Director \_\_\_\_\_

Producer \_\_\_\_\_

Production Manager \_\_\_\_\_

4. List prior productions of Producer (provide copy of resume/bio):

a. Previous Insurer \_\_\_\_\_

b. Has the Applicant ever had any Production Insurance canceled or declined in the last five years?

Yes  No (NOT APPLICABLE IN MISSOURI)

If yes, explain. \_\_\_\_\_

c. Describe any previous losses of \$10,000 or more (insured or uninsured) sustained by the Producer in the last five years.

\_\_\_\_\_

Financing Source \_\_\_\_\_

5. Release or Distribution organization \_\_\_\_\_

6. Film Completion Bond Company, if any. \_\_\_\_\_

7. Production is:  Television Production:  Film  Videotape  Digital

Movie For Television:  Pilot  Special  Series

Mini Series

Other \_\_\_\_\_

Running Time (i.e. 30 Min., 60 Min., 90 Min., etc.) \_\_\_\_\_

If a series, number of episodes. \_\_\_\_\_

9. Title of Production \_\_\_\_\_

10. a. Story type:  Drama  Comedy  Musical  Western  Other \_\_\_\_\_

b. Storyline & Action Sequences \_\_\_\_\_  
 \_\_\_\_\_

11. Describe all shooting locations.

City, State or Province	Weeks at this Location	City, State or Province	Weeks at this Location

12. Describe all special stunts, and scenes involving animals, underwater shootings, motorcycles, special vehicles, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives, or any other possible hazardous activities.

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

13. Estimate costs of each Production or Episode

- a. Total Budget \$ \_\_\_\_\_
- b. Story and Scenario \$ \_\_\_\_\_
- c. Music and Sound Rights and Royalties \$ \_\_\_\_\_
- d. Total Negative Cost (a less b & c) \$ \_\_\_\_\_
- e. Post Production Costs \$ \_\_\_\_\_
- f. Net Insurable Production costs (d less e) \$ \_\_\_\_\_
- g. Total Below the Line Costs \$ \_\_\_\_\_

Optional Items to be insured (check all that apply and indicate amount to be insured)

- Story/Underlying Rights \$ \_\_\_\_\_  Sound Rights \$ \_\_\_\_\_
- Royalties \$ \_\_\_\_\_  Indirect Overhead \$ \_\_\_\_\_
- Music Rights \$ \_\_\_\_\_

Are there any Deferments?  Yes  No If yes, explain in detail (use separate sheet if necessary).

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

14. Person to contact for Audit \_\_\_\_\_ Phone No. \_\_\_\_\_

15. **COVERAGES DESIRED**

**Extended Pre Production Cast Insurance**

Persons to be Insured (indicate if any other than Actor/Actress)	Age	Coverage Period	Limit of Liability

Aggregate Limit of Liability \$ \_\_\_\_\_

Describe personal activities of Insured Persons during the term of this Coverage. \_\_\_\_\_

\_\_\_\_\_

Are any persons insured hereunder involved in any hazardous activities during the term of this Coverage?  Yes  No

If yes, explain. \_\_\_\_\_

**Cast Insurance (NOTE: Attach copy of contract for each person to be insured.)**

<b>Persons to be Insured</b> (indicate if any other than Actor/Actress)	<b>Age</b>	<b>Coverage Period</b>	<b>Stop Date (if any)</b>

Period of Principal Photography: From \_\_\_\_\_ To \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Negative/Videotape**

Name and location of:

a. Laboratory to be used. \_\_\_\_\_

b. Vaults to be used. \_\_\_\_\_

c. Cutting rooms to be used. \_\_\_\_\_

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc.)

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

Negative/Videotape to be transported to processing lab/post production facility:

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

Coverage to be Effective \_\_\_\_\_

Estimated completion date of Protection

Print \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Faulty Stock, Camera and Processing**

Explain procedures the Applicant follows in testing camera, 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**

Value of Owned \$ \_\_\_\_\_ Value of Rented \$ \_\_\_\_\_

List any antiques, objects of art, rugs, furs, jewelry, precious or semiprecious stones/metals/alloys in excess of \$10,000

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

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Miscellaneous Equipment**

Value of Owned \$ \_\_\_\_\_ Value of Rented \$ \_\_\_\_\_

List any item(s) over \$50,000. \_\_\_\_\_

Provide details on protection and security of equipment/property while in use (on location/during transport) and while

stored/not in use. \_\_\_\_\_

\_\_\_\_\_

Where will the equipment be kept during use? \_\_\_\_\_

Location to which the equipment will be returned when not in use. \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Third Party Property Damage**

Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible.

\_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Extra Expense** (as a result of loss of 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 \_\_\_\_\_

Indicate other location or studio facilities immediately available. \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Office Contents**

Full addresses of premises/location(s)

\_\_\_\_\_

Value of Owned \$ \_\_\_\_\_ Value of Rented \$ \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Liability \$ \_\_\_\_\_

**Other**

\_\_\_\_\_

\_\_\_\_\_

**Attach Complete Budget, Synopsis and Script**

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.

Any material change to the Company's exposure must be reported prior to coverage applying.

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.**