



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.)

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

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

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

FRAUD WARNING

NOTICE TO RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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.