

ANNUAL PRODUCTION INSURANCE APPLICATION

1. Name of Production Company (Applicant): _____

2. Mailing Address: _____

Telephone Number: _____ Fax Number: _____

3. Studio Location (if different than above): _____

Construction of Building: _____ Square Footage: _____ Number of Stories: _____
Protection: Sprinklered: **(Y/N)** _____
Alarm Type: _____ Local: **(Y/N)** _____ Monitored Stn Alarm: **(Y/N)** _____
Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

4. Applicant is: Individual Partnership
 Corporation, the officers of which are:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____

5. Experience of Applicant (examples – attach company resume): _____

6. a) Years in this business: _____ b) Number of Employees: _____

7. a) Previous Insurer: _____ Policy Number: _____

b) Previous Loss Experience in last five (5) years: _____

- c) Has Applicant ever had insurance cancelled or declined in last five (5) years: Yes No
If Yes, Explain: _____

8. Productions are on: Film: **(Y/N)** _____ Tape: **(Y/N)** _____
Both: **(Y/N)** _____ Indicate percentage for each: Film: ____ % Tape: ____ %

9. Estimated number of productions to be produced annually: _____

10. Estimated Gross Annual production costs:
Tape: \$ _____ Film: \$ _____ Total: \$ _____

11. Is any post production work done for others? Yes No
Estimated Annual Receipts: \$ _____

Brief description of protection of property on the Insureds premises (fire fighting equipment, watchman, alarm, etc.): _____

Location to which Miscellaneous Equipment and Props, Sets and Wardrobe will be returned when not in use: _____

Extra Expense (as a result of loss of or damage to property or facilities used in connection with Insured Operations)

Limit of Liability: \$ _____

Studio Contents Including Editing Equipment

Limit of Liability: \$ _____

Commercial General Liability

Limit of Liability: \$ _____

Tenants Legal Liability

Limit of Liability: \$ _____

18. Desired Effective Date _____ Desired Policy Term: _____

Summary of Coverages (to be completed by Broker)

Negative/Video Tape:	\$ _____	Faulty Stock/Camera/Processing:	\$ _____
Miscellaneous Equip-Owned:	\$ _____	Props/Sets/Wardrobe:	\$ _____
-Rented:	\$ _____		
Studio Contents:	\$ _____	Extra Expense	\$ _____
Commercial General Liability	\$ _____	Tenants Legal Liability:	\$ _____
		Estimated Annual Premium:	\$ _____

Signing of this application does not bind the Applicant or Underwriters 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 agreed that to the best of my/our knowledge and belief, the stated information fully represents the true statement of facts.

Signature of Applicant: _____ **Date:** _____
Title: _____

Signature of Broker: _____ **Date:** _____

Supplementary Form

To be completed only if worldwide coverage is required

Percentage of travel outside of North America: _____ %

Purpose of travel: _____

Frequency of travel: _____

Usual Destination: _____

Do you travel with Equipment: Yes: No:

Maximum replacement cost of Equipment traveling with you: \$ _____

Precautions taken to protect Equipment/other property: _____

Method of transportation of Equipment: _____

Signature of Applicant: _____ Date: _____