

INDIVIDUAL 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. Director: _____ Producer: _____
Production Manager: _____
Number of Employees: Full-time: _____ Part-time: _____
6. Experience of Applicant and Director (examples):

7. Title of Production: _____
(a) Type of Story (Document, Training, Drama, etc.): _____
(b) Storyline and action sequences: _____

8. (a) Type of filming (outdoors/indoors/terrain/any special hazards, ie. Underwater/overwater):

(b) Describe all special stunts, scenes involving animals, motorcycles, special vehicles, boats, aircraft, explosives or any special hazardous activity:

(c) Location(s) (City and Province) and number of weeks at each:

(d) Will any filming be done outside of Canada? Yes No
If Yes, describe and include estimated duration: _____

(e) Will any filming be done outside of North America? Yes No
If Yes, provide details of Countries and include estimated duration in each:
(Completion of Supplementary Form Required):

9. Studio to be used: _____

10. Laboratory to be used: _____

11. Vaults to be used: _____

12. Cutting rooms to be used: _____

13. Any special film processes or equipment (Panavision, Cinerama, Todd-A-O, etc.):

14. Negative films to be transported to processing lab:
(a) Via: _____
(b) Frequency: _____

15. Loss, if any, payable to: _____

16. Production Schedule:	Date	Duration
Commencement of Preproduction	_____	_____
Commencement of Principal Photography	_____	_____
Estimated Completion of Protection Print	_____	_____

17. Estimated Costs:

(a) Total Budget \$ _____

(b) Story and Scenario \$ _____

(c) Music & Sound Rights & Royalties \$ _____

(d) Total Negative Costs ("a" less "b" & "c") \$ _____

(e) Post Production Costs \$ _____

(f) Net Insurable Production Costs ("d" less "e") \$ _____

18. Indicate if any of the following optional items are to be insured:

- (a) Story
- (b) Scenario
- (c) Music Rights

- (d) Sound Rights
- (e) Royalties
- (f) Continuity

19. **Coverages Desired:** *(Indicate full Values and Deductibles)*

	Limit of Liability	Deductible (\$1,000 Standard)
Cast Insurance	\$ _____	\$ _____
Negative/Videotape	\$ _____	\$ _____
Faulty Stock, Camera & Processing	\$ _____	\$ _____
Props	\$ _____	
Sets & Scenery	\$ _____	
Costumes & Wardrobe	\$ _____	
	} \$ _____	\$ _____
Office Contents	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Cameras, Sound, Lighting, Recording, Electrical, Mechanical Effects & Grip Equipment, Editing and Projection	\$ _____	\$ Various
Commercial General Liability	\$ _____	\$ _____
Tenant's Fire Legal Liability	\$ _____	\$ _____

20. The policy provides \$500,000 coverage automatically, for buildings you rent or lease. If you require a higher limit, state amount required and location(s)/description of property: \$ _____

21. Are any cast members/commentators participating in more than one production at the same time? Yes No

22. Persons to be Insured (Specify Age):

(1) _____	(5) _____
(2) _____	(6) _____
(3) _____	(7) _____
(4) _____	(8) _____

23. Have medicals been obtained for Insured Persons? Yes No
 If yes, attach copy Attached
 If no, advise when the medical(s) will be available: _____

24. Location to which equipment is returned when not in use: _____

25. Indicate Inventory Control Methods and who is responsible: _____

26. How will equipment be transported? _____
27. Any Props or Equipment items valued in excess of \$25,000? Yes No
 If yes, explain: _____

28. Brief description of protection of property (fire fighting equipment, watchman, etc.):

29. Time required for Props, Sets & Equipment coverage prior to and after Principal Photography:
 Days Prior: _____ Days After: _____
30. Estimated time needed to reconstruct destroyed sets or scenery: _____

31. What other location or studio facilities are immediately available? _____

32. Description of all shooting locations: _____

33. Has any form of insurance ever been cancelled or declined? Yes No
 If yes, explain: _____

34. Previous Insurer and Policy Number: _____
35. Previous Loss Experience: _____

36. Desired Effective Date: _____ Desired Term of Policy: _____
37. Is there presently a liability policy in effect in the Applicant's name? Yes No
 If yes, advise carrier's name and policy number: _____

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: _____