

PRODUCTION SERVICES INSURANCE APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____
Telephone Number: _____ Fax Number: _____
3. Business Address: _____
4. General Information
 - (a) Nature of Operations: _____
 - (b) Number of Years in Business: _____
 - (c) Estimated Annual Sales: \$ _____ Number of Employees: _____
 - (d) Briefly describe your **usual operations** or attach company resume:

 - (e) Primary Clients: _____
 - (f) Territory of Operations: North America World Wide
If world wide coverage is required, a Supplementary Form must be completed.
 - (g) Member of the following Associations: 1) Canadian Society of Cinematographers:
2) Canadian Independent Camera Assoc.
5. Do you produce your own productions? Yes No
6. Previous Insurer Name: _____ Policy Number: _____
7. Previous Loss Experience in the last five (5) years:

8. Has any Company refused or cancelled your insurance in the past five (5) years? If yes, explain:

9. Miscellaneous Equipment
 - (a) General description of property to be Insured (attach a separate detailed schedule)
 - (b) Where are the items stored when not in use? _____
 - (c) Storage Building Details:

Construction of Building: _____ Square Footage: _____ Number of Stories: _____

Protection: Sprinklered: (Y/N) _____
Alarm Type: _____ Local: (Y/N) _____ Monitored Stn Alarm: (Y/N) _____
Smoke Alarm: (Y/N) _____ Deadbolt Locks: (Y/N) _____
Distance to Fire Hydrant: _____ Distance to Fire Hall: _____

(e) Replacement Value of **Owned** Equipment: \$ _____

(f) Replacement Value of **Rented** Equipment: \$ _____ Number of days annually: _____

(g) Provide a *full description* of precautions exercised for protection of property when taken off premises/how transported:

(h) Is equipment rented or loaned to others with/without operators? Yes No
If yes, do you request Proof of Insurance? Yes No

(*NOTE*** Equipment is NOT covered when being rented to others)**

(i) Is property used underground, on or under water, in the air or for stunts Yes No
If yes, please explain: _____

10. Desired Term of Policy: _____ Desired Effective Date: _____

11. Desired Coverages:

Coverage Description	Amount of Insurance	Deductible	Premium
Miscellaneous Equipment-Owned	\$ _____	\$ Various	\$ _____
-Rented	\$ _____	\$ Various	\$ _____
Office/Studio Contents	\$ _____	\$ 1,000	\$ _____
Extra Expense/Profits	\$ _____	\$ 1,000	\$ _____
Commercial General Liability	\$ _____	\$ 1,000	\$ _____
Tenants Legal Liability	\$ _____	\$ 1,000	\$ _____

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: _____