

STUDENT PRODUCTION INSURANCE APPLICATION

1.(a) Name of College/ University: _____

Name of Contact Person: _____

Contact phone number: _____

Contact email address: _____

Application requires details on each student;
see section 1(b)

**1(B). LIST ALL STUDENTS REQUIRING
COVERAGE INCLUDING CONTACT PERSON and
provide attachments: (name of film, producer, mailing
address, phone number, synopsis, signature for each
student producer):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**1 (C). LIST ALL CERTIFICATE HOLDERS
REQUIRING COVERAGE (attach separate page if
necessary):**

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
-

2. Mailing
Address: _____

Alternate telephone Number: _____ Fax Number: _____

3. 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: _____

4. Productions are on: Film: (Y/N) _____ Tape: (Y/N) _____
Both: (Y/N) _____ Indicate percentage for each: Film: ___ % Tape: ___ %

5. Estimated number of productions to be produced: _____

6. Types of films to be produced: Commercials: **(Y/N)** _____ Documentaries: **(Y/N)** _____
Educational Films: **(Y/N)** _____ Music Videos: **(Y/N)** _____ Training Films: **(Y/N)** _____
Other: _____

7. Maximum cost, any one production: \$ _____

8. Maximum length of time, any one production, from start of photography to date of protection print?

9. Are any projects scheduled or anticipated to be produced outside of North America? Yes No
If Yes, Explain: **(Completion of Supplementary Form Required)**

10. **Coverages Desired:**

Negative/Videotape

a) Laboratories to be used: _____
b) Vaults to be used: _____
c) Cutting room to be used: _____
d) Average distances of shooting locations to laboratory: _____

Limit of Coverage: \$ _____

Faulty Stock, Camera and Processing

Explain procedures the Applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping: _____

Limit of Coverage: \$ _____

Props, Sets and Wardrobe

Full 100% value of Owned: \$ _____ (Attach schedule)
Rented: \$ _____ (Maximum value at any one time)
Number of days rental: _____

Limit of Coverage: \$ _____ (Owned)
Limit of Coverage: \$ _____ (Rented)

Miscellaneous Equipment

Full 100% value of Owned: \$ _____ (Attach schedule)
Rented: \$ _____ (Maximum value at any one time)
Number of days rental: _____

Limit of Coverage: \$ _____ (Owned)
Limit of Coverage: \$ _____ (Rented)

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 Coverage: \$ 30,000

Commercial General Liability (circle appropriate limit)

Limit of Coverage: \$ 1,000,000 \$2,000,000 \$5,000,000

Tenants Legal Liability

Limit of Coverage: \$ 500,000 Included

11. 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:	\$ _____	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: _____

******* PLEASE ENSURE REQUIRED DOCUMENTS ARE ATTACHED *******

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: _____