

Unionville Insurance Brokers
A Division of The CG&B Group Inc.
120 South Town Centre Blvd.,
Markham, Ontario L6G 1C3
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STUDENT PRODUCTION INSURANCE APPLICATION

Name of College/University _____

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)

Name of Contact Person _____

1. _____

2. _____

3. _____

Contact Phone Number _____

4. _____

5. _____

6. _____

Contact Email Address _____

7. _____

8. _____

9. _____

10. _____

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

LIST ALL CERTIFICATE HOLDERS REQUIRING COVERAGE (attach separate page if necessary)

1. _____

2. _____

3. _____

4. _____

5. _____

Mailing Address _____

Alternate Telephone Number _____

Fax Number _____

Desired Effective Date _____

Method of Payment

Automatic Monthly Withdrawal Credit Card Cheque

Productions are on

Film Tape HD List Percentage for Each Film ___ % Tape ___ % HD ___ %

Type of Films to be produced

Educational Films Commercials Documentaries Music Videos Training Films Animated Films Other

Productions that include Special Effects/Hazardous Stunts or Activities such as, but not limited to, spelunking, mountaineering, rock climbing, bungee jumping, parasailing or air borne activities/Aerial Photography need to be reported to broker in advance in order to be covered.

Maximum Cost any one Production \$ _____

Maximum Length of Time any one Production from start of Photography to Date of Protection Print _____

Are any projects scheduled or anticipated to be produced Outside of North America Yes No

If Yes, Completion of Supplementary Form Required

If Props, Sets and Wardrobe to be insured, estimate the number of rental days annually _____

If Miscellaneous Rented Equipment to be insured, estimate the number of rental days annually _____

Brief description of protection of property on the Insured's premises (fire fighting equipment, watchman, alarm, etc.) _____

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

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 _____

Current Insurer

Company Name	Policy Number	Expiry Date	Premium

Claims in the Past 5 years

Date of Loss	Description	Payment
		\$
		\$

Insurance Cancelled/Non Renewed in the Past 5 years

Cancellation Date	Insurer	Reason Cancelled/Non-Renewed

COVERAGES DESIRED *NOTE CAST INSURANCE NEEDS TO BE APPLIED FOR SEPARATELY

Coverage Description	Deductible	Amount of Insurance	Premium	
Building	\$ 1,000			
Studio Contents	\$ 1,000	\$	\$	
Studio Computer Equipment/Editing Equipment	\$ 1,000	\$	\$	
Props	\$	}		
Sets & Scenery	\$		\$ 1,000	\$
Costumes & Wardrobe	\$			
Negative, Film & Videotape	\$ 1,000	\$	\$	
Faulty Stock, Camera and Processing	\$ 1,000	\$	\$	
OWNED Cameras, Sound, Lighting, Recording, Electrical, Mechanical Effects & Grip Equipment (Attach Detailed List)	Various	\$	\$	
RENTED Cameras, Sound, Lighting, Recording, Electrical, Mechanical Effects & Grip Equipment	Various	\$	\$	
Extra Expense	\$ 1,000	\$	\$	
Commercial General Liability	\$ 1,000	\$	\$	
Tenants Legal Liability	\$ 1,000	\$	\$	
Total Premium			\$	

Remarks

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 fact.

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 travelling with you \$ _____

Precautions taken to protect Equipment/other property _____

Method of transportation of Equipment _____

Signature of Applicant

Date