

D.I.C.E. APPLICATION

Annual application of documentaries, industrials, commercials, educational

1. Name of Applicant: _____

2. Mailing Address: _____

Premises Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____ Website: _____

3. Applicant is a ___ Corporation ___ Individual ___ Partnership ___ Other (Explain):

4. Owner's Name & Title: _____ Audit Contact: _____

Insurance Coordinator: _____ Accountant: _____

5. Applicants Experience in the business: _____

6. Type of Production & Percentage of Activity:

Documentaries ___% 2nd Unit Filming ___% Corporate ___%

Music Videos ___% Instructional ___% Educational ___%

Commercials ___% Still Shots ___% Other ___%

Infomercials ___%

Other Documentaries/Infomercials, please describe in detail: _____

7. Name three of your major clients, or your last three clients: _____

8. Number of productions to be completed in the policy year: _____

9. Estimated Annual Production Costs: \$ _____

Percentage of Overhead not directly related to the production to be included: _____ %

Maximum Cost of any one production: _____

Average daily production costs: _____

10. Do you distribute any of the items in question number six? ___ Yes ___ No; If yes, please describe and provide annual receipts _____

Do you distribute any products? ___ Yes ___ No; If yes, please describe and provide annual receipts _____

11. Percentage of productions outside USA: _____ %

List Countries: _____

12. Percentage of Location Filming: _____ % Percentage of Studio Filming: _____ %

13. Maximum length of time from start to the protection print of a production: _____

14. Do you rent properties to others? ___ Yes ___ No; If yes, what are the annual receipts?

Please provide a copy of your rental contract.

15. Do you perform or set up multimedia events? ___ Yes ___ No; If yes, please describe: _____

Estimated Costs: _____

16. Do you do any editing or special effects for others? ___ Yes ___ No; If yes please describe and provide annual receipts: _____

17. Negative/Faulty/Media Coverage:

Film: _____ %

Video _____ %

Digital: _____ %

Other (explain) _____

Name and Address of the lab and post production: _____

18. Liability, Non Owned and Hired Auto and Workers' Compensation

Vehicle Cost of Hire: \$ _____

19. Provide the name and fax number of the Payroll Service being used: _____

Do you require a Certificate of Insurance from independent contractors? ___ Yes ___ No
If yes; what are your requirements?

20. Has any form of insurance ever been cancelled or declined? ___ Yes ___ No
If yes; please explain: _____

21. Previous Insurer and Policy Number: _____

22. Previous Loss Experience for the past three years (attach Company Loss Runs) and explain claims.

23. Desired Effective Date: _____ Expiration Date: _____

24. Stunts, Hazards and Special Effects:

If you ever become involved in any of the below (•), please notify us immediately, and provide the following (A.-D.):

- Use of watercraft
- Use of trains or railroads
- Expensive Antiques or autos
- Other dangerous auto scenes
- Use of Aircraft, helicopters, or balloons
- Underwater filming
- Use of animals
- Auto chase scenes
- Filming above fifty feet
- Filming near/on water
- Use of pyrotechnics
- Auto crash scenes
- Underground Filming
- Other stunts or hazards

- A. Description of the Scene and Storyboard.
- B. Details on where and how the scene will be performed.
- C. Details of all safety features put in place to protect people and property.
- D. Name and telephone number of stunt and special effects coordinator.

Additional information may be requested at a later date.

25. Please list Replacement Costs/Desired Limits:

Coverage	Limit of Liability
Props, Sets and Wardrobe	\$ _____
Fine Arts, Jewelry, etc.	\$ _____
Extra Expense	\$ _____
Third Party Property Damage	\$ _____
Miscellaneous Equipment: Rented	\$ _____
Miscellaneous Equipment: Owned	\$ _____
Office Contents	\$ _____

