



POLICY APPLICATION TELEVISION (Except Movies-Of-Week or Large Mini Series) PRODUCTION INSURANCE QUESTIONNAIRE

1. Name of Production Company (Applicant):

[Empty text box for production company name]

2. Address:

[Empty text box for address]

Email Address:

[Empty text box for email address]

Web Address:

[Empty text box for web address]

Telephone #:

[Empty text box for telephone number]

Fax #:

[Empty text box for fax number]

3. Applicant is: [] Individual, [] Partnership, [] Corporation, the officers of which are:

President:

[Empty text box for president name]

Vice Pres.:

[Empty text box for vice president name]

Secretary:

[Empty text box for secretary name]

Treasurer:

[Empty text box for treasurer name]

4. Title of this production or series of productions.

[Empty text box for production title]

5. Indicate whether pilot production, special production, regular series of productions or mini-series of productions and show running time (1/2 hour, 1 hour, 90 min., etc.):

[Empty text box for production details]

6. If a series (regular or mini) of productions, indicate number of episodes:

[Empty text box for number of episodes]

7. Format of production(s):

[Empty text box for production format]

8. Shooting schedule:

(a) Rehearsals: Starting Date:

(b) Principal Photography: Starting Date:

Estimated Completion Date:

9. Gross Negative Cost (each production if series):

10. Net Insurable Cost (each production if series):
Gross less story, music & post costs

11. Below-line cost (each production if series):

12. Estimated Date of Protection Material or Delivery Date:

13. Location(s) of filming:

14. Transit Exposures:

If any overseas shipments state complete details:

15. Who is financing the series?

16. Has the production(s) been sold, to whom?

17. List any special insurance requirements:

18. PROPS, SETS & WARDROBE

LIMIT OF LIABILITY: \$

1. Description and values at risk:

(a) Sets \$

Prop Cars

Antiques

Jewelry

18. PROPS, SETS & WARDROBE cont'd.

2. Any individual items valued in excess of \$25,000? (Explain):

Where will these items be kept, how will they be protected and who will be responsible for them?

MISCELLANEOUS EQUIPMENT

(CAMERAS SOUND, LIGHTING, ETC.)

LIMIT OF LIABILITY: \$

1. Description and values at risk:

(a) Cameras \$ Rented or owned?

(b) Lighting and electrical \$

(c) Other \$

2. Where will equipment be kept and how will it be protected?

EXTRA EXPENSE

LIMIT OF LIABILITY: \$

1. Estimated time required to reconstruct or replace unusual sets, scenery or equipment .

2. What other studio facilities are or will be immediately available?

3. Estimated time required to reconstruct or replace Unusual Sets, Scenery or Equipment, etc. in event of total destruction.

PROPERTY DAMAGE LIABILITY

LIMIT OF LIABILITY: \$

1. Types of Locations:

19. Any watercraft, aircraft or other unusual exposures? If so, describe in detail:

20. Provide Payroll & State of Hire:

Cast:

Crew:

Post Production:

21. CAST (if Cast Insurance is desired)

DIRECTOR:

List Principals Contracted for Continuing Roles

Artist	Age: (Estimated if exact age unknown)
1. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
2. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
3. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
4. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
5. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>
6. <input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>

SERIES OF PRODUCTIONS:

Should the number of persons, including the director, participating in continuing roles exceed five (5), an additional premium is charged for each additional person.

22. Does Insured furnish transportation to employees or others? Yes No

Describe distances, frequency and maximum number of people in-group traveling together. Type of transportation furnished (bus, air, etc.).

23. (a) If any persons are performing hazardous duties, are they:

Independent Contractors Employees?

(b) Submit copy of contract with Independent Contractors, &/or evidence of their other insurance coverages by Certificate of Insurance.

24. Has any form of insurance ever been canceled or declined? Yes No?

If yes, explain:

25. Previous Insurer:

Policy #:

26. Previous Loss Experience:

Date of
Loss

Amount
Loss

Type of Loss

27. Desired Effective Date:

28. Desired Term of Policy:

Signing this application does not bind the applicant or the Company to complete the insurance, but it is 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.

WARRANTY - It is warranted, as a condition of insurance that the Insured will test all camera equipment prior to commencement of principal photography, and, if transit to location is involved, camera equipment will be tested after arrival on location. It is further warranted that the film to be used will be tested by the Insured prior to principal photography.

29. PLEASE PROVIDE INSURANCE OFFICE WITH THE FOLLOWING:

- A. **Copy of Synopsis**
- B. **Copy of Budget Summary**
- C. **Resumes of Producer and Director**

"Any person who knowingly and with intent to defraud any Insurance Company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act; which is a crime."

I/We have read the above and agree that to the best of my/our knowledge and belief it fully represents the true statement of facts.

Date:

Application completed by:

Signed By:

Print Name:

Federal ID. #: