

multimedia RISK

Consultants & Insurance Brokers

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PRODUCTION INSURANCE APPLICATION (ANPR)

1. Name of Production Company (Applicant) _____
2. Address _____
Construction of Building _____
3. Applicant is an: Individual _____ Partnership _____ Corporation _____
Officers of which are: President _____ Vice Pres. _____
Secretary _____ Treasurer _____
4. Experience of Applicant (examples): _____

5. Years in business _____
6. (a) Previous Insurer _____ Policy Number _____
(b) Previous Loss Experience in Last Five (5) Years _____
(c) Has Applicant Ever Had Insurance Cancelled or Declined in Past Five (5) Years Yes _____ No _____
If yes, Explain _____
7. Productions are on: Film _____ Tape _____
Both (Percentage Each) _____
8. Production Personnel are: Union Members _____ Non Union _____
9. Estimated Number of Productions to be Produced Annually: _____
10. Estimated Gross Annual productions costs
Tape \$ _____ Film \$ _____ Total \$ _____
11. Is Any Post Productions Work Done For Others? Yes _____ No _____
12. Types of Films To Be Produced: Commercials _____ Documentaries _____
Educational Films _____ Music Videos _____ Training Films _____
Other _____
13. Maximum Cost Any One Production \$ _____
14. Maximum Length of Time Any One Production From Start of Photography to Date of Production Print: _____
15. Are Any Projects Scheduled or Anticipated to Be Produced Outside of Canada? Yes _____ No _____
If yes, Explain _____
6. Do Your Operations Include Web Site Design Yes _____ No _____
If yes, attaché a sample Client Release Form.

17. 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 Liability \$ _____

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 Liability \$ _____

PROPS, SETS AND WARDROBE

Full 100% Value of Owned _____ (Attach Schedule)
Rented _____ (Maximum Value At Any One Time) No. of Days Rental _____

MISCELLANEOUS EQUIPMENT

Limit of Liability \$ _____ (Owned)

Limit of Liability \$ _____ (Rented)

Brief description of protection of property on the Insureds premises (fire fighting, equipment, watchman, alarm, etc.):

CAST INSURANCE

Are any cast members/commentators participating in more than one production at the same time? _____

Have any medicals been obtained for the Insured persons? _____

If yes, attach copy

If no, advise when medicals will be available _____

Persons to be Insured (Specific Age)

1) _____

2) _____

3) _____

4) _____

Limit of Liability \$ _____

EXTRA EXPENSE (as a result of loss of or damage to property or facilities used in connection with Insured Production)

Limit of Liability \$ _____

STUDIO CONTENTS INCLUDING EDITING EQUIPMENT (address of Premises/Location (s))

Limit of Liability \$ _____

COMPREHENSIVE GENERAL LIABILITY/TENANTS LEGAL LIABILITY

Limit of Liability \$ _____

Limit of Liability \$ _____

18) DESIRED EFFECTIVE DATE _____

POLICY TERM _____

SUMMARY OF COVERAGES (To Be Completed By Broker)

Negative/Video Tape \$ _____

Faulty Stock/Camera/Processing \$ _____

Miscellaneous Equip \$ _____

Props/Sets/Wardrobe \$ _____

Cast Insurance \$ _____

Studio Contents \$ _____

Comp. General Liab. \$ _____

Tenants Legal Liab. \$ _____

Extra Expense \$ _____

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 circumstances 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 same fully represents the true statement of facts.

Signature of Applicant: _____

Date: _____

Title: _____

Signature of Broker: _____

Date: _____

Please forward completed, signed and dated form to:

**multimedia
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