



ONLINE - ENTERTAINMENT PACKAGE APPLICATION

1. Name of Production Company (Applicant): _____
2. Legal Address: _____
3. Name of Parent Company _____
4. Applicant is: Individual Partnership Corporation
5. Producers: _____ Director: _____
6. Line Producer: _____ Prod. Mgr. _____
7. List of Prior Productions of Producers: _____
 - a) Previous Insurer: _____
 - b) Describe any Previous Losses of \$10,000 or more (insured or uninsured) sustained by any of the Producers' productions in the last five years: _____
8. Indicate (or attach) financing structure: _____; Attached
9. Broadcaster and / or Distributor: _____
10. Indicate Completion Bond Company _____
11.
 - a) Production is: Select
 - b) If Television, select: Select
 - c) If Series*, select: indicate the number of episodes: _____
 - d) Approx length of each program: Select

Note: For Series, please complete the supplementary "Series Questionnaire".
12. Title of Production: _____
13. Select type/genre of program: Select
14. Describe all shooting locations (include City, State, Province & Number of weeks at each):

15. Describe all special stunts, and scenes involving animals, underwater shooting, motorcycles, special vehicles, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives, or other possible hazardous activities: _____



16. Will any person insured under Cast Coverage take part in any hazardous stunt or SFX?
 Yes No If yes provide details: _____

Any stunt or precision driving? Yes No
 If yes provide details: _____

Note: Policy may contain exclusion for physical damage to vehicles arising out of stunt or precision driving.

17. **Estimated costs of Each Production or Episode:**

	ESTIMATE	CURRENCY
a) Total Budget (attach Budget)	\$ _____.	Select
b) Story, Scenario, Development (attach Synopsis)	\$ _____.	
c) Music and Sound Rights and Royalties	\$ _____.	
d) Other items not included in definition of production costs		
<u>Insurance</u>	\$ _____.	
_____	\$ _____.	
_____	\$ _____.	
e) Total Negative Cost (a less b, c & d)	\$ _____.	
f) Post Production Costs (less c)	\$ _____.	
g) Net Insurable Production Costs (e less f)	\$ _____.	
h) Total below the line costs	\$ _____.	
i) Average Daily Cost	\$ _____.	

18. **Indicate if any of the following Items are to be insured:**

Story/Underlying Rights Music/Sound Rights Royalties Indirect Overhead
 Other Items Excluded ~ Amounts of Optional Items to be insured: _____

19. **Commencement of Pre Production:**

Principal Photography Period: From _____ Until _____
 Number of Shooting Days: _____ Days per week _
 Estimated Completion Date of Protection Print: _____
 If Series, delivery date of first episode: _____ Last episode: _____



COVERAGE REQUIRED :

20. **Pre-Production Cast Insurance:** No of weeks prior to Principal Photography __

Cast Insurance: Number of Persons to be insured: _____

Person to be Insured ~ (position)	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Limit of Coverage: \$_____. Full Budget

Is Family Bereavement Insurance required? Yes No If so, Limit \$_____
 Is Essential Element Coverage required? Yes No Evidence required: Attached
 Is Stop Date Loss Coverage required? Yes No Evidence required: Attached
 * Stop Date: _____ Last day of PP for cast with SDL: _____

* 4 weeks pre-production and 2 weeks post production cast coverage is included

Post-Production Cast Insurance: No of weeks after Principal Photography _____ Limit \$_____.

21. **Negative/Videotape**

- a) Original Media: _____
- b) Is the Media sourced from the manufacturer or representative? Yes No
- b) If No, then from whom? _____

*** Note that materials must be tested prior to use**

- d) Post Production is on: Flatbed Computer based editing
- e) Frequency of transfers? _____
- f) Will the Production return to the Original Media after initial transfers? Yes No
- g) If not, will the Original Media be stored in the same facility as Transfers? Yes No
- h) Negative/Videotape to be transported to processing lab/post production facility:
 Via _____ Frequency _____
- i) Film Laboratory to be used: _____
- i) Cutting / Editing rooms to be used: _____
- k) Limit of Coverage _____ Full Budget

22. **Faulty Stock, Camera and Processing:**

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

Limit of Coverage: _____ Full Budget

- **Note that this coverage has a short time limit, ensure that originals are examined carefully.**

23. Props, Sets, and Wardrobe:

List any antiques, objects of art, rugs, furs, jewellery, precious or semiprecious stones/metals/alloys in excess of \$25,000: _____

Is an increase in sub-limit required? Yes No If so, Limit: \$ _____

Limit of Coverage: _____

*** Note that applicants for TV Series must complete a supplemental questionnaire.**

24. Miscellaneous Equipment:

Brief description of Protection of property (fire fighting equipment, watchman, etc.): _____

Name of the Director of Photography? _____

*** If the DoP or his Company is supplying equipment, please provide a copy of the contract.**

Location to which the equipment will be returned when not in use? _____

Limit of Coverage: _____

25. Third Party Property Damage:

Brief description of property, buildings or facilities to be used in connection with the production for which the Applicant may be responsible: _____

Limit of Coverage: _____ ***Note that question 29 is related to this issue.**

26. Money and Securities:

Details of Night Storage: _____

Limit of Coverage: _____

27. Extra Expense: (as a result of loss or damage to property or facilities)

Estimated time needed to reconstruct destroyed sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

What other location or studio facilities would be immediately available? _____

Limit of Liability: _____

Is coverage required for any of the following risks?

Civil Authority Yes No If so, Limit \$ _____

Guild / Union Strike Yes No If so, Limit \$ _____

Disruption of Outside Power Yes No If so, Limit \$ _____

Mechanical Breakdown of camera equipment Yes No If so, Limit \$ _____

28. Office Contents:

Limit of Liability: _____ Location: _____



29. **Physical Damage to Vehicles:**

Per Occurrence Limit: \$_____ Aggregate Limit \$_____

Maximum Value Any One Vehicle: \$_____;

* **Note that you may require Primary Motor Vehicle Liability coverage as well. See also Q32**

Any Mobile Location studio vehicles used? Yes No

30. **Comprehensive General Liability:**

Quote the following limits: Select Other \$_____

Note: For limits above \$2M, the CGL is complemented by an Excess Liability Policy. Note that Primary Motor Vehicle Liability a.k.a. PL&PD or BI& PD may be excluded from the CGL. The same is true for property or locations for which production has Care, Custody & Control (Q 24). The best policy to maintain uniform coverage limits in all these areas is by purchasing an Umbrella form instead of Excess.

Excess Umbrella

International Extension required? Yes No

31. **Producers' Errors & Omissions ~ "Claims Made" Basis:**

Is coverage required as per the limits below? Yes No **Currency** _____

Limits of Liability:	\$1,000,000.	Any One Claim
	\$3,000,000.	Aggregate
	\$10,000.	Retention

Other Limits if Required: \$_____ Any One Claim \$_____ Aggregate \$_____ Retention/Deductible

Policy Term required: _____ Delivery Date / Broadcast Date / _____

Note: A pricing indication will follow. Note, however, that coverage and pricing are subject to clearance of a formal application by Insurer legal counsel in consultation with Production legal counsel. Please request the application form if required. Also note that "Occurrence" Basis coverage is available.

Remarks/Notes: _____



32. THE FOLLOWING ARE OPTIONAL COVERAGE, THEY REQUIRE ENDORSEMENT TO THE POLICIES OR SEPARATE POLICY ISSUE, PLEASE INDICATE IF REQUIRED:

- | | | | |
|----|---|-----------------------------|--|
| A) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Non-Owned Aircraft Liability |
| B) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Non-Owned Watercraft Liability |
| C) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Owned Aircraft Liability |
| D) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Owned Watercraft Liability |
| E) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Owned Equipment |
| F) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Political Risk Insurance |
| G) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | War Risk Insurance |
| H) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Civil Commotion/Riot Insurance |
| I) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Primary Automobile Insurance |
| J) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Workers Compensation |
| K) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life/Disability Insurance |
| L) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Living Quarters for Cast or Crew |
| M) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Major Medical Insurance |
| N) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accidental Death Insurance |
| O) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Guild / Union Travel Accident Insurance |
| P) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Animal Mortality Insurance |
| Q) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Weather Insurance |
| R) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Directors and Officers Liability Insurance |
| S) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pollution Liability |
| T) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Employee Fidelity |
| U) | <input type="checkbox"/> Other (Describe) _____ | | |

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. ~ Any material change to the information provided in this application must be reported prior to coverage becoming effective.

I/We have read the above and agreed that to the best of my/our knowledge and belief same fully represents in the true statements of facts.

Date: _____ Applicant _____

Signature of Authorized Representative _____

Name: _____ Title _____

Comment [CF1]: After emailing this application back to our office, please print the last page of this document, sign here and fax it to us with the original application sent by mail.



Agent/Broker: Claude Forest

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