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Consultants & Insurance Brokers **www.multimediarisk.com**

**Individual Production Insurance Application  
 (Short Shoot)**

1. Name of Production Company (Applicant): \_\_\_\_\_

2. Address: \_\_\_\_\_

Construction of Building: \_\_\_\_\_ (if purchasing office equipment coverage)

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

President: \_\_\_\_\_ Vice Pres: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

4. Director: \_\_\_\_\_ Producer: \_\_\_\_\_ Production  
 Manager: \_\_\_\_\_

5. Experience of Applicant & Director (examples): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Title of Production: \_\_\_\_\_

(a) Type of Story (Document, Training, Drama, etc.): \_\_\_\_\_

(b) Storyline & action sequences: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. (a) Type of filming (outdoors/indoors/terrain/any special hazards, ie underwater/overwater): \_\_\_\_\_  
 \_\_\_\_\_

(b) Describe all special stunts, scenes involving animals, motorcycles, special vehicles, boats, aircraft, explosives or any special hazardous activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(c) Location (City & Province) and number of weeks at each: \_\_\_\_\_  
 \_\_\_\_\_

(d) Will any of the filming be done in the United States? If yes, describe and include estimated duration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Production personnel are:  Union Members  Non-Union Members

8A. Medium  35mm  HD  Other \_\_\_\_\_

9. Studio to be used: \_\_\_\_\_

10. Laboratory to be used: \_\_\_\_\_

11. Vaults to be used: \_\_\_\_\_



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12. Cutting rooms to be used: \_\_\_\_\_

13. Any special film processes or equipment (Panavision, Cinerama, Todd-A-O, etc): \_\_\_\_\_  
 \_\_\_\_\_

14. Negative films to be transported to processing lab:

(a) Via: \_\_\_\_\_

(b) Frequency: \_\_\_\_\_

15. Loss, if any, payable to: \_\_\_\_\_

16. Indicate financing source or organization: \_\_\_\_\_

17. Release or Distribution Organization: \_\_\_\_\_

18. Production Schedule:

	Date	Duration
Commencement of Preproduction	_____	_____
Commencement of Principal Photography	_____	_____
Estimated Completion of Protection Print	_____	_____

19. Estimated Costs:

- (a) Total Budget (attach Budget & Synopsis) \$ \_\_\_\_\_
- (b) Story and Scenario \$ \_\_\_\_\_
- (c) Music & Sound rights & Royalties \$ \_\_\_\_\_
- (d) Total Negative Cost (a less b & c) \$ \_\_\_\_\_
- (e) Post Production Costs \$ \_\_\_\_\_
- (f) Net Insurable Production Costs (d less e) \$ \_\_\_\_\_

20. Indicate if any of the following optional items are to be insured:

- (a)  Story
- (b)  Scenario
- (c)  Music Rights
- (d)  Sound Rights
- (e)  Royalties
- (f)  Continuity

21. Percentage of Direct Cost to be included as Overhead: \_\_\_\_\_

22. Explain Amount of Deferments if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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- 30. Props or equipment item valued in excess of \$25,000? (Explain) \_\_\_\_\_  
 \_\_\_\_\_
- 31. Any mobile location studio vehicle used? \_\_\_\_\_ Values: \_\_\_\_\_
- 32. Describe each unit in detail: \_\_\_\_\_  
 \_\_\_\_\_
- 33. Brief description or protection of property (fire fighting equipment, watchman, etc.): \_\_\_\_\_  
 \_\_\_\_\_
- 34. Time required for Props, Sets & Equipment coverage prior to and after Principal Photography:  
 Days Prior: \_\_\_\_\_ Days After: \_\_\_\_\_
- 35. Estimated time needed to reconstruct destroyed sets or scenery: \_\_\_\_\_
- 36. What other location or studio facilities are immediately available? \_\_\_\_\_
- 37. Description of all shooting locations: \_\_\_\_\_  
 \_\_\_\_\_
- 38. Has any form of insurance ever been cancelled or declined? \_\_\_\_\_ If "yes", Explain: \_\_\_\_\_  
 \_\_\_\_\_
- 39. Previous Insurer and Policy No. \_\_\_\_\_
- 40. Previous Loss Experience: \_\_\_\_\_  
 \_\_\_\_\_
- 41. Desired Effective Date: \_\_\_\_\_ Desired Term of Policy: \_\_\_\_\_
- 42. Is there presently in effect a liability policy in Applicant's name:  Yes  No  
 If yes, advise Carrier's name and Policy number: \_\_\_\_\_

Signing this application does not bind the applicant 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 circumstances concerning this insurance or the subject thereof, the entire policy shall be void.

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

**Date:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Agent/Broker:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PLEASE SEND THE ORIGINAL SIGNED APPLICATION TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE.  
 THANK YOU**