

**FILM & TELEVISION PRODUCER'S PACKAGE - APPLICANT INFORMATION**

1. Name of Production Company: \_\_\_\_\_

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

3. The applicant is:  An Individual  A Partnership  A Corporation  Other \_\_\_\_\_  
*(If the Applicant is a Corporation, please provide the following names)*

President \_\_\_\_\_ Vice President \_\_\_\_\_

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

*(Please provide the following names)*

4. Director \_\_\_\_\_ Producer \_\_\_\_\_

Production Mgr. \_\_\_\_\_ Director of Photo. \_\_\_\_\_

5. Producer's Prior Productions (please note title of project, year and insurance carrier):  
\_\_\_\_\_  
\_\_\_\_\_

6. Has the Producer had any Production Insurance declined or canceled in the past five years?  No  Yes  
*(if yes, explain)* \_\_\_\_\_

7. Losses over \$10,000 in the past five (5) years: \_\_\_\_\_

8. Source of Financing: \_\_\_\_\_

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

10. Completion Bond Company (if none, please state so): \_\_\_\_\_

11. Premium Audit Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

12. Title of the Production: \_\_\_\_\_

13. The Production is:  Feature Film for Theatrical Release  Television Production  
 Movie for Television  Pilot  Special  Series  
 Mini Series  Other \_\_\_\_\_

14. Running Time (e.g. 30 min, 60 min, 90 min): \_\_\_\_\_ Number of Series Episodes: \_\_\_\_\_

15. Type of Story (e.g. Drama, Comedy, Musical, Western): \_\_\_\_\_

17. Storyline: \_\_\_\_\_  
\_\_\_\_\_



18. Shooting Locations used during Principal Photography:

Description of Location (Including City, State, Country)	Period of time at Each location From: MO/DY/YR To: MO/DY/YR
_____	_____
_____	_____
_____	_____

19. Medical Facility:

Describe arrangements made for First Aid and access to medical facilities and identify the person in charge and responsible for making arrangements: \_\_\_\_\_

20. The Production involves (Check ALL that might apply. Only check this box  if NONE of the following apply):

- Use of Animals
- Motorcycles
- Airborne Crafts
- Railroad Cars or Equipment
- Pyrotechnics (Explosions, fire) \* Request & Complete Required Supplemental Application
- Stunts or Hazardous Activities \* Request & Complete Required Supplemental Application
- Underwater Filming
- Special Vehicles
- Waterborne Crafts

- If you should ever expect to become involved in any of the activities above, most insurance policies have severe restrictions or limitations that may effect or exclude coverage. Please notify us immediately, and provide us with the following information:

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

21. Estimated costs of each Production or Episode

- a) Total Budget (including budgeted deferrals): \$ \_\_\_\_\_
- b) Story/Scenario; Screenplay & Re-writing & Associated costs: \$ \_\_\_\_\_
- c) Music, Sound Rights, Records and Royalties \$ \_\_\_\_\_
- d) Gross Insurable Production Costs (a minus b & c) \$ \_\_\_\_\_
- e) Post Production Costs: \$ \_\_\_\_\_
- f) Net Insurable Production Costs (d minus e) \$ \_\_\_\_\_
- g) Total Below The Line Costs \$ \_\_\_\_\_

Indicate if any of the following **Optional items** are to be insured

- Story/Underlying Rights, Screenplay, Re-Writes \$ \_\_\_\_\_
- Sound/Music Rights, Recording Costs \$ \_\_\_\_\_
- Indirect Overhead \$ \_\_\_\_\_
- Royalties \$ \_\_\_\_\_
- Other (describe): \_\_\_\_\_ \$ \_\_\_\_\_



## 22. Coverage Desired

**EXTENDED PRE PRODUCTION CAST PROTECTION**

	Described Artist	Role/Position	Age	Coverage Period	Limit of Coverage
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Total Limit: \_\_\_\_\_

Are employment contracts "Pay or Play"?  Yes  No

Do employment contracts contain "Tie-In" Arrangements?  Yes  No

If yes, explain: \_\_\_\_\_

Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?

Yes  No

If Yes, explain: \_\_\_\_\_

**Note: Attach copy of Contract or Deal Memo for each person to be insured**

**PRINCIPAL PHOTOGRAPHY CAST PROTECTION**

	Described Artist	Age	Role/Position	Stop Date	
1.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": \_\_\_\_\_

Period of Pre Production: From \_\_\_\_\_ Until \_\_\_\_\_

Period of Principal Photography: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Coverage to be effective: From: \_\_\_\_\_ Until \_\_\_\_\_



**POST PRODUCTION CAST PROTECTION**

Described Artist	Age	Function or Responsibilities During Post Production	Coverage Period	Stop Date
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": \_\_\_\_\_

Period of Post Production: From \_\_\_\_\_ Until \_\_\_\_\_

**NEGATIVE FILM/ VIDEOTAPE**

Name and Location of:

- a) Processing Laboratory: \_\_\_\_\_
- b) Storage Vaults: \_\_\_\_\_
- c) Editing Facility: \_\_\_\_\_
- d) Post Production Facility: \_\_\_\_\_

Will original negative film material leave the above premises prior to the completion of a protection Print?

No  Yes (If yes, please explain) \_\_\_\_\_

Will the processing frequency during principal photography be on a daily basis?  Yes  No

If No, explain: \_\_\_\_\_

How will original negative material be transported from the filming location(s) to the processing laboratory?

Film Type (e.g. 35mm, 70mm): \_\_\_\_\_

Is Videotape used in lieu of negative film?  No  Yes

Are Animation or Computer Generated Graphics used?  No  Yes

If Yes - Created or Generated by whom: \_\_\_\_\_ Locations: \_\_\_\_\_

Estimated completion date of protection print: \_\_\_\_\_

Coverage to be effective: \_\_\_\_\_ Limit of Coverage: \$ \_\_\_\_\_



**FAULTY STOCK, CAMERA AND PROCESSING**

Use of secondary market raw stock:  Yes  No

Will new experimental technology; cameras and/or equipment be used in the filming of the project?  Yes  No

If "Yes" please explain and provide names and qualifications of persons experienced in the technology:

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Name and position of person(s) responsible for conducting testing of cameras and raw stock:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**PROPS, SETS AND WARDROBE**

Value of Owned: \_\_\_\_\_ Non-owned: \_\_\_\_\_

List items with an insurable value in excess of \$250,000 each: \_\_\_\_\_

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List any individual items of antiques, objects of art, rugs, furs, jewelry, precious or semi precious

stones/metals/alloys in excess of \$10,000: \_\_\_\_\_

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Name and position of person(s) responsible for security and protection of Props, Sets, and Wardrobe:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**MISCELLANEOUS EQUIPMENT**

Value of Owned: \_\_\_\_\_ Non-owned: \_\_\_\_\_

List any individual item(s) over \$100,000: \_\_\_\_\_

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Brief description of protection of property (fire fighting equipment, watchmen, etc.): \_\_\_\_\_

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Where will the equipment be kept during use? \_\_\_\_\_



Location to which the equipment will be returned when not in use: \_\_\_\_\_

Name and position of person(s) responsible for security and protection of equipment:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**THIRD PARTY PROPERTY DAMAGE**

Brief description of property other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible: \_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**EXTRA EXPENSE** (as a result of loss of or damage to property or facilities used in connection with the production). Estimated time needed to reconstruct destroyed key facilities, sets or scenery:

Estimated time needed to replace lost or destroyed equipment: \_\_\_\_\_

What alternative location or studio facilities would be immediately available? \_\_\_\_\_

Coverage required From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY**

Full Address of Premises/Location(s): \_\_\_\_\_

Value Owned: \_\_\_\_\_ Rented \_\_\_\_\_

Coverage required From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_





**Attach Complete Budget, Synopsis and Script**

Signing this application does not bind the Applicant or the Company 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 Company's exposure must be reported prior to coverage applying.

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

<p><b>ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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, and subjects the person to (NY: substantial) criminal and civil penalties.</p>
<p><b>COLORADO FRAUD WARNING:</b> It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>
<p><b>OHIO FRAUD WARNING:</b> Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p><b>PENNSYLVANIA FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.</p>

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_  
(Authorized Representative)

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

Title: \_\_\_\_\_

**Please return this application and any requested supplemental information to the following address:**

MediaPlus Insurance Services  
 The Encore Risk Management Group, Inc.  
 Post Office Box 36219, Birmingham, Alabama 35236  
 ATTN: William Blake, CIC, CPCU, ARM  
 Toll Free (telephone): 888.204.4364  
 Facsimile: 205.444.3035

FOR OFFICE USE ONLY:			\$ _____
SEP/COV	Limit	D/A	Premiums
Negative	\$ _____	None	\$ _____
Faulty	\$ _____	\$5,000	
Props/Sets	\$ _____	\$500	
Misc. Equipment	\$ _____	\$2,500	
Extra Expense	\$ _____	\$1,500	
3 <sup>rd</sup> Party PD	\$ _____	\$1,000	
<b>GEN. LIABILITY</b>	\$1,000 / \$2,000 / \$1,000		\$ _____
Blanket A/I?	Yes / No (GL limits expressed in 000's)		
<b>BUS AUTO</b>			
H/NO Liability	\$1,000,000	n/a	\$ _____
H/C Physical	\$50,000 any 1	10% s/t	\$ _____
Damage	\$125,000 total	\$1,000 - 5,000 min/max	

