DICE/Annual Productions (Film Schools) Application

About This Program

This application is used to insure a film school on an annual basis to cover projects endorsed by the school for enrolled students.

Require d Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of currently enrolled students

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Applicant illionia	ition						
Named Insured:							
Entity Type:		□Individual	□LLC	□LLP	☐ Corporation	□Non-Profit	
Country of Residency (if indiv	idual):						
Country of Registration (all o	thers):						
Primary Address (no PO Box):							
Mailing Address (if different to p	orimary):						
Contact Person:							
Phone / Fax:							
Email:							
Website:							
Year Business Established:							
Federal ID/Social Security #	! :						
Description of Operations:							
Underwriting Qua	lification Questi	ons					
Will any production include	Hard-Core or Soft-Core po	ornography?				☐ Yes	☐ No
1 .		aft, boats, animals, race track s or other hazardous activities		rses, hel	icopters,	☐ Yes	☐ No
Will any production activities	s take place outside of the	U.S. and Canada?				☐ Yes	☐ No
Confirm your understanding and the project is a school s		are covered only if student is	currently er	rolled a	t the film school	☐ Yes	☐ No
Insurance History	,						
Any insurance declined or of lf yes, provide details:	ancelled in the past 3 year	rs? (not applicable in MO)				☐ Yes	□No
Any losses in the past 3 year	ars? If yes, provide details	below.				☐ Yes	☐ No
Policy Type	Carrier	Policy #	E	xpiratio	n Date	Premiu	ım
				1	1		
				1	1		
Any prior insurance coveraç	ge? If yes, provide details	below				☐ Yes	□No
Policy/Line	Date of Loss	Descr	iption of L	oss		Amount o	f Loss
	1 1						
	1 1						

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Productions & Student Details

Film School Information

Year Film School Established	
School's Professor First and Last Name	
Number of Unique Students Enrolled during the academic year.	
Maximum Number of Students enrolled concurrently	
Length of academic term (in weeks)	

Production Information

Estimated Annual Gross Production Cost	
Maximum Gross Production Cost any one Project	
Maximum Days Per Production	
Number of school sanctioned projects per student	

Schedule of Students

Provide the names of students currently enrolled at the film school (use a separate page if necessary).

First & Last Name	Date of Birth	First & Last Name	Date of Birth
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1
	1 1		1 1

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Coverages

Peneral Liability (* Indicates required coverages) Occurrence / Aggregate Limit * Flanket Additional Insureds/Certificates of insurance			
Occurrence / Aggregate Limit *			
			n/a
		Included	n/a
tity Certificates		Included	
Vaiver of Subrogation		Included n/a	
land Marine (* Indicates required coverages if Inland Marine is pu	ırchased)		
Rented Equipment (Camera, Lighting, Sound, etc.)	*		
tented Props, Sets, Wardrobe *			
Owned Equipment, Props, Sets, Wardrobe			
legative Film, Videotape & Digitalized Image	*		
aulty Stock, Camera & Processing	*	Same as Negative Film	
hird Party Property Damage *			
xtra Expense *			
Office Contents *			
tental Cost Reimbursement			
Vaiver of Subrogation		☐ Include ☐ Exclude	
utomobile (* Indicates required coverages if Automobile is purchas lired & Non-Owned Auto Liability Vaiver of Subrogation	ed) *	☐ Include ☐ Exclude	n/a n/a
varver of Subrogation lired & Non-Owned Auto Physical Damage (per vehicle/aggr	acata limit)		II/a
ccess Liability Occurrence / Aggregate Limit	gate mint)		n/a
			2
Applicant Signature:		Date:	
o be completed by your Insurance Broker:		Date:	
ce Company(s) Applied to:	Insurance Agency/Agent:	Lice	nse Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application. COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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. **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. MICHIGAN: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00. MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. OHIO: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law. RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO UTAH: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison." WISCONSIN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. ALL OTHER STATES: 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 criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES. SIGNATURE OF APPLICANT DATE