

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.

Required Documents

The following documents are required to apply for coverage:

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

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Will any production include Hard-Core or Soft-Core pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any production include stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATV's, blanks, squibs, guns or other hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any production activities take place outside of the U.S. and Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm your understanding that student productions are covered only if student is currently enrolled at the film school and the project is a school sanctioned project.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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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
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Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deduc	Co-insurance
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit *			n/a
Blanket Additional Insureds/Certificates of insurance	Included		n/a
City Certificates	Included		
Waiver of Subrogation	Included	n/a	

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Rented Equipment (Camera, Lighting, Sound, etc.) *			
Rented Props, Sets, Wardrobe *			
Owned Equipment, Props, Sets, Wardrobe			
Negative Film, Videotape & Digitalized Image *			
Faulty Stock, Camera & Processing *	Same as Negative Film		
Third Party Property Damage *			
Extra Expense *			
Office Contents *			
Rental Cost Reimbursement			
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude		

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *			n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude		n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			

Excess Liability

Occurrence / Aggregate Limit			n/a
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Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

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

