

DICE/Annual Productions Application

About This Program

This application is used to insure multiple productions on an annual and renewable policy, up to \$15,000,000 in gross production cost.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Estimated Schedule of Productions
- Stunt Schedule (if any stunts/hazardous activities)
- Cast Schedule (if cast coverage is required)
- Cast Medical Certificates (for cast members that require sickness coverage)
- Animal Schedule (if animal death/injury coverage required)

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 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 include Hard-Core or Soft-Core pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any production include any live gangster rap music?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any production activities take place outside of the U.S. and Canada? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any unprotected or open heights above 15 feet? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you enter into any co-production arrangements? If yes, explain:	<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 prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? 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 Details

Years of Industry Experience	
Annual Gross Production Cost	
Maximum Budget Per Production	
Maximum Days Per Production	
Cities & States of primary shooting locations	
Any Shoots outside of the U.S. & Canada. If yes: Number of shoots outside U.S. & Canada Aggregate days shooting outside U.S. & Canada Aggregate GPC for shoots outside U.S./Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
Any Post Production Operations If yes, annual receipts from post production	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Any Rental Operations If yes, annual receipts from rental operations	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks) Cost of hire (mobile studios & film trucks) Loaned or Donated autos (#, days)	_____ _____ # _____ Days
Number of Employees	

Number of Productions for upcoming 12 months

Animation		Industrial/Corporate Video		PSA/Public Access Program	
Commercial/Promotional/Sales Video		Infomercial		Reality Based TV Show	
Documentary/Interviews/Biography		Miscellaneous productions		SAG Production	
Editing/Trailer		Music Video		Short Film	
Educational/Instructional/Training		Photography Shoot		Spec Production	
Feature Film		Pick-up Shoot		TV Pilot/Series/Specials	
Independent Feature		Pre/Post-Production		Other	

Key Personnel

Enter the key personnel: executive producer, producer, director, etc. (at a minimum, either the executive producer or producer must be listed)

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

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Stunts and/or Hazardous Activities

Will the production include any:

stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.

Yes No

If yes, the information below is required for each stunt/hazardous activity:

Production Name	
Type of Production	
Gross Production Cost	
Number of Episodes (if applicable)	
Production Start/End Dates	From: / / To: / /
Shooting Location(s) – Cities & States	
Synopsis	
Music Videos	
Type of Music	
Decade	
Artist's Name	
Stunts	
Stunt Category	
Stunt Type	
Detailed Description of Stunt Scene(s)	
Date(s) of Stunt Activity	From: / / To: / /
Names of Stunt Coordinator(s)/Professional(s), if any	
Are the Stunt Coordinator(s)/Professional(s) Licensed?	
Are Permits Required? If yes, have they been obtained?	
Describe any safety precautions taken:	
Any cast members involved/in close proximity to the stunt	
Number of vehicles involved in the stunt	
Maximum speed of vehicles	
Any collisions or explosions? If yes, describe:	
Animal Coverage	
Type of Animal & Breed of Animal	
Value of Animal	
Where will animal be housed during/after filming	
Who is responsible for the animal during transport	
Date(s) of Animal Activity	From: / / To: / /
Number of scenes	
Any replacements for the animal/can they be substituted	
Detailed Description of Animal Scene(s)	

Notes

- Include detailed synopsis of stunt, resume(s) of stunt coordinator(s)/pyrotechnician(s)
- If animal coverage (death, illness), include certificate of good health
- Certain stunts/hazardous activities are ineligible for coverage. Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities
- Any production that includes a stunt activity must be scheduled.

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Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *		n/a
Blanket Additional Insureds/Certificates of insurance	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Employee Benefits Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Stop Gap Liability (OH, WA, ND, WY only)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Rented Equipment (Camera, Lighting, Sound, etc.) *		
Rented Props, Sets, Wardrobe *		
Rented Furs, Jewelry, Arts, Antiques		
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		
Animal Extra Expense		
EDP		
Limited Computer Virus Coverage		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Faulty Stock Broad Form		
Library Stock Coverage		
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Civil Authority Coverage		
Cast Coverage (circle % of budget to cover)	100% 75% 50% 25%	
Covered Person Extension (without sickness)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Covered Person Extension (with Sickness)	Select limit below	
5,000 per person / 25,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
10,000 per person / 50,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
25,000 per person / 100,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Family Bereavement	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage Territory	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage Extension Endorsement (Valuable Papers 25000, Signs 10000, Outdoor Property 5000 Per Item 25000, Total Electronic Media And Records 5000, Debris Removal 50000, Employee Dishonesty 5000, Fire Department Service Charges 25000, Fire Equipment Recharge 10000, Pollutant Clean Up And Removal 15000, Sewer Backup 25000, Temporary Location 25000, Accounts Receivable 25000, Money & Securities 5000)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	500

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)		

Workers Compensation

(* Indicates required coverages if Workers Comp is purchased)

Limit of 1,000,000 *	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
All States Endorsement	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Excess Liability

Occurrence / Aggregate Limit		n/a
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Travel Accident

Guild Members	1,000,000	n/a
Non-Guild Members	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000	n/a
Aggregate Limit	<input type="checkbox"/> 5,000,000 <input type="checkbox"/> 10,000,000	n/a

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.

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Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll Company and Shoot Duration

Name of Payroll Company, if any	
Number of Shoot Days	

Payroll

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			
Clerical			
Sales			
Editing			
Photography			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
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Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain production activities may preclude the production from being eligible for workers compensation coverage.

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Cast Extra Expense

Complete this section if cast coverage is required.

Select Coverages

Cast Coverage Option	Description / Maximum Limit	Medical Required for Sickness Coverage	Requirements
Cast/Crew does not have to be scheduled to be covered (Select required coverages)			
<input type="checkbox"/> Covered Person Extension (without sickness)	Extends cast coverage to include any person necessary to complete the production.	n/a	none
<input type="checkbox"/> Covered Person Extension (including sickness)	Extends cast coverage to include any person necessary to complete the production.	No	none
<input type="checkbox"/> Family Bereavement	Up to the budget	No	none

Cast/Crew must be scheduled to be covered (Select required coverages)			
<input type="checkbox"/> Accidental causes only	All scheduled cast/crew, up to the budget	No	Schedule of cast members
<input type="checkbox"/> Accident, sickness and death	All scheduled cast/crew, up to the budget	Yes	Schedule of cast members, medical
<input type="checkbox"/> Cast Essential Person	Up to the budget	Yes	Full pre-production medical, contracts, signed statement of no hazardous activities

Individuals to be Scheduled (List individuals to be scheduled)

First & Last Name	Role/Position	Date of Birth	Production Start & End Date			
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		
		/ /	From: / /	To: / /		

Notes:

- Individuals that are scheduled must undergo a medical examination and be approved by underwriters in order to receive sickness coverage.

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Animal Death, Illness, Injury

Complete this section if death, illness and injury coverage is required for any animal(s).

Animals to be Scheduled (List each animal to be scheduled)

Type of Animal	Name	Age	Value	Production Name	Description of Activities	Production Start & End Dates
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /

Notes:

- For sickness coverage, a veterinarian certificate of good health is required.

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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 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 containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- 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.
- Pennsylvania:** 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.
- 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."
- WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and 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. 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