

# Short Term Productions Application

## About This Program

This application is used to insure a single production with a maximum budget of \$1,000,000 and a maximum duration of 60 days within a 60 day consecutive period.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Budget top sheet
- Synopsis
- 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 the production include any Hard-Core or Soft-Core pornography?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the production include any live gangster rap music?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any unprotected or open heights above 15 feet?  | <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 if coverage is provided, only one production will be covered by the policy(s) issued. | <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 |

## Insurance History

|   |  |                 |                        |                |
|---|--|-----------------|------------------------|----------------|
| Any insurance declined or cancelled in the past 3 years? (not applicable in MO)<br>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 |                 |                        |                |
| <b>Policy Type</b>  | <b>Carrier</b>   | <b>Policy #</b> | <b>Expiration Date</b> | <b>Premium</b> |
|   |  |                 | / /                    |                |
|   |  |                 | / /                    |                |

|  |  |                            |                       |
|--|--|----------------------------|-----------------------|
| Any losses in the past 3 years? If yes, provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                       |
| <b>Policy/Line</b>   | <b>Date of Loss</b>                                      | <b>Description of Loss</b> | <b>Amount of Loss</b> |
|  | / /  |                            |                       |
|  | / /  |                            |                       |

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## Productions Details

|  |                                       |
|--|---------------------------------------|
| 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 Only

|               |  |
|---------------|--|
| Type of Music |  |
| Decade        |  |
| Artist's Name |  |

## 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:

| <b>Stunts</b>   |  |
|---|--|
| 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:           |  |
| <b>Animal Coverage</b>                                    |  |
| 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)                   |  |
|   |  |

### Required Attachments for Stunts/Hazardous Activities:

- Detailed synopsis of stunt
- Resume(s) of stunt coordinator(s)/pyrotechnician(s)
- If animal coverage (death, illness) is required, include certificate of good health

### Notes:

- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities

**For additional stunts in the same production, duplicate this page.**

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## Coverages

### Dates of Coverage

Effective:     /     /     Expiration:     /     /

| Coverage  | Limit   | Deductible |
|---|---|------------|
| <b>General Liability</b> (* Indicates required coverages) |   |            |
| Occurrence / Aggregate Limit *                            |   | n/a        |
| Blanket Additional Insureds/Certificates of insurance *   | Included  | 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        |

### 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                             | <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 |  |
| 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) |   |     |

### 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 |
|------------------------------|--|-----|

### 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: Availability of coverage will depend 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 |
|---|---|

### 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 |
|--|---|---|--------------|
| <b>Cast/Crew does not have to be scheduled to be covered</b> (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      |

|  |                              |   |                                       |
|--|------------------------------|---|---------------------------------------|
| <b>Cast/Crew must be scheduled to be covered</b> (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 |

### 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: / / |

### 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: / /<br>To: / /         |
|                |      |     |       |                 |                           | From: / /<br>To: / /         |
|                |      |     |       |                 |                           | From: / /<br>To: / /         |
|                |      |     |       |                 |                           | From: / /<br>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.**

|                                 |               |
|---------------------------------|---------------|
| _____<br>SIGNATURE OF APPLICANT | _____<br>DATE |
|---------------------------------|---------------|