



# Allen Financial Insurance Group

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## MOTION PICTURE PRODUCTION PACKAGE APPLICATION

Agent/Broker: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax Number: \_\_\_\_\_

### APPLICANT INFORMATION

1. Name of Applicant: \_\_\_\_\_

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

3. Title of the Covered Production: \_\_\_\_\_

4. Proposed Policy Effective Dates From: \_\_\_\_\_ To: \_\_\_\_\_

5. Production Schedule

a) Period of Pre Production: From: \_\_\_\_\_ To: \_\_\_\_\_

b) Period of Principal Photography: From: \_\_\_\_\_ To: \_\_\_\_\_

c) Period of Post Production: From: \_\_\_\_\_ To: \_\_\_\_\_

6. Requested Coverages

	Limit	Deductible
a) Section 1 Cast Protection		
<input type="checkbox"/> 1A Extended Pre-Production Cast Protection	\$	
<input type="checkbox"/> 1B Principal Photography Cast Protection	\$	
<input type="checkbox"/> 1C Post Production Cast Protection	\$	
b) Section 2 Negative Film and Faulty Stock		
<input type="checkbox"/> 2A Negative Film & Videotape Protection	\$	
<input type="checkbox"/> 2B Faulty Stock, Camera & Processing Protection	\$	
c) Section 3 Supplemental Coverages		
<input type="checkbox"/> 3A Props, Sets & Wardrobe Protection	\$	
<input type="checkbox"/> 3B Miscellaneous Equipment Protection	\$	
<input type="checkbox"/> 3C Property Damage Liability Protection	\$	
<input type="checkbox"/> 3D Extra Expense Protection	\$	
d) Section 4 Optional Coverages		
<input type="checkbox"/> 4A Business Personal Property Protection	\$	
<input type="checkbox"/> 4B Nonowned and Hired Auto Physical Damage Protection	\$	
<input type="checkbox"/> 4C Money, Securities and Collateral Protection	\$	
<input type="checkbox"/> 4D Animal Mortality Protection	\$	

7. The applicant is:  An Individual  A Partnership  A Corporation  LLC \_\_\_\_\_

If the Applicant is a Corporation, please provide the following names.

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

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

8. Director \_\_\_\_\_ Producer \_\_\_\_\_

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

9. Producer's Prior Productions:

Title	Insurance Carrier

10. Has the Producer had any Production Insurance declined or canceled in the past five years?  Yes  No

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

11. Losses over \$50,000 in the past five (5) years: \_\_\_\_\_

12. Source of Financing: \_\_\_\_\_

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

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

15. Premium Audit Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

16. The Production is:

Feature Film for Theatrical Release

Television Production

Movie for Television  Pilot  Special  Series  Mini Series  Other: \_\_\_\_\_

17. Running Time (e.g. 30 min, 60 min, 90 min): \_\_\_\_\_

Number of Series Episodes: \_\_\_\_\_

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

19. Storyline: \_\_\_\_\_

20. Shooting Locations used during Principal Photography:

Description of Location (Including City, State, Country)	Period of time at Each location

21. Medical Facility:

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

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22. The Production involves (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Use of Animals             | <input type="checkbox"/> Underwater Filming |
| <input type="checkbox"/> Motorcycles                | <input type="checkbox"/> Special Vehicles   |
| <input type="checkbox"/> Airborne Crafts            | <input type="checkbox"/> Waterborne Crafts  |
| <input type="checkbox"/> Railroad Cars or Equipment |   |

*If any of the above are checked, describe in detail and attach to this application*

- Pyrotechnics (Explosions, fire) Complete Supplemental Application
- Stunts or Hazardous Activities Complete Supplemental Application

23. Estimated costs of each Production or Episode

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

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

- |   |          |
|---|----------|
| <input type="checkbox"/> Story/Underlying Rights, Screenplay, Re-Writes | \$ _____ |
| <input type="checkbox"/> Sound/Music Rights, Recording Costs            | \$ _____ |
| <input type="checkbox"/> Indirect Overhead                              | \$ _____ |
| <input type="checkbox"/> Royalties                                      | \$ _____ |
| <input type="checkbox"/> Other (describe): _____                        | \$ _____ |

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

25. CAST COVERAGE DESIRED

EXTENDED PRE PRODUCTION CAST PROTECTION

Described Artist	Role/Position	Age	Coverage Period	Limit of Coverage
Total Limit:				

- a) Are employment contracts "Pay or Play"?  Yes  No
- b) Do employment contracts contain "Tie-In" Arrangements?  Yes  No

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

- c) Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?  Yes  No

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

PRINCIPAL PHOTOGRAPHY CAST PROTECTION

Described Artist	Age	Role/Position	Stop Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes"

POST PRODUCTION CAST PROTECTION

Described Artist	Age	Function or Responsibilities During Post Production	Coverage Period	Stop Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

NEGATIVE FILM/ VIDEOTAPE

Name and Location of: \_\_\_\_\_

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

e) Will original negative film material leave the above premises prior to the completion of a protection Print?  Yes  No

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

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

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

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

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

i) Is Videotape used in lieu of negative film?  Yes  No

j) Are Animation or Computer Generated Graphics used?  Yes  No

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

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

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

FAULTY STOCK, CAMERA AND PROCESSING

a) Use of secondary market raw stock:  Yes  No

b) 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:

\_\_\_\_\_

c) 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

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

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

c) List any individual items of antiques, objects of art, rugs, furs, jewelry, precious or semi precious stones/ metals/ alloys in excess of \$10,000:

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

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

e) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

MISCELLANEOUS EQUIPMENT

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

b) List any individual item(s) over \$250,000: \_\_\_\_\_

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

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

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

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

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

g) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

THIRD PARTY PROPERTY DAMAGE

a) 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

b) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

EXTRA EXPENSE (as a result of loss of or damage to property or facilities used in connection with the production)

a) Estimated time needed to reconstruct destroyed key facilities, sets or scenery: \_\_\_\_\_

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

c) What alternative location or studio facilities would be immediately available?

d) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

BUSINESS PERSONAL PROPERTY

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

b) Value Owned: \$ \_\_\_\_\_ Rented \$ \_\_\_\_\_

c) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

MONEY AND SECURITIES

a) Maximum amount of cash on hand at any one location: \$ \_\_\_\_\_

b) Total cash on hand at all times at all locations: \$ \_\_\_\_\_

c) Name and position of person(s) responsible for the handling and safekeeping of money and securities:

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

d) Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

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

NON OWNED AND HIRED AUTO PHYSICAL DAMAGE

Cost of Hire: Mobile Studio Units and Film Trucks \$ \_\_\_\_\_

Other than above \$ \_\_\_\_\_

Percentage of Private Passenger Vehicle  Less than 50% of all vehicles

Less than 25% of all vehicles

OTHER COVERAGES (Describe)

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