



Allen Financial Insurance Group

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:

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)

