



FILM PRODUCTION SUPPLEMENTAL APPLICATION

Annual Productions, D.I.C.E. Annual Programs or Film Schools

SUBMISSION REQUIREMENTS

- ACORD applications for all lines requested except Inland Marine, General Liability and Hired/Non-Owned Auto
- Synopsis of each production to be scheduled herein
- Financial statement (Annual term or multiple production policies)
- Currently valued loss runs for the current policy period plus three (3) prior years

SECTION I - GENERAL INFORMATION

1. Name of Applicant: _____

2. Street and Mailing Address: _____

Premises Address: _____

Phone Number: _____ Fax Number: _____

Website: www. _____

3. Applicant is a: ☐ Corporation ☐ Individual ☐ Partnership
☐ Other (explain): _____

4. Owner's Name and Title: _____

Risk Management Contact: _____ Risk Management's Phone: _____

Risk Management Email: _____

5. Applicant's experience in the business: _____ years

6. Year business was established: _____

7. Type of productions and percentage of activity:

Music Video	_____ %	2 nd Unit Filming	_____ %	Industrial	_____ %
Commercials	_____ %	Travel Logs	_____ %	CD Rom	_____ %
Computer Effects	_____ %	Exercise Videos	_____ %	Animation	_____ %
Infomercials	_____ %	Still Shots	_____ %	Other:	_____ %

Other documentaries/infomercials, please describe in detail:

8. Name three of the Applicant's major productions or your last three productions: _____

9. Number of productions completed in the previous year: _____

10. Number of anticipated productions for upcoming 12 months by category (if any):

Commercial/Promotional/Sales Video	_____	Pre/Post-Production	_____
Editing/Trailer	_____	PSA/Public Access Program	_____
Educational/Instructional/Training	_____	Reality Based TV Show	_____
Industrial/Corporate Video	_____	SAG Production	_____
Infomercial	_____	Short Film	_____
Miscellaneous Productions	_____	Spec Production	_____
Photography Shoot	_____	TV Pilot/Series/Specials	_____

11. Does the Applicant distribute any of the items in question 7 above? ☐ Yes ☐ No
If yes, please describe and provide annual receipts:

\$ _____

12. Does the Applicant own or use any drones, UAV's (unmanned aerial vehicles), or remote controlled aerial devices? ☐ Yes ☐ No

13. Has the Applicant had any claims (occurring, not just paid) in the past three (3) years? ☐ Yes ☐ No
If yes, please describe, including date occurring and amounts paid:

14. Previous insurer and policy number: _____

15. Does the Applicant co-produce projects with independent producers? ☐ Yes ☐ No
If yes, please provide a sample copy of co-production agreements. Note: all co-productions require prior approval from the carrier.

SECTION II - GENERAL LIABILITY

1. Name and description of production(s) for which coverage is requested:

2. Start date of production(s): _____
End date of production(s): _____

3. Percentage of location filming: _____% Percentage of studio filming: _____%

4. Gross Production Cost: \$ _____

5. Payroll: Crew: \$ _____ Cast: \$ _____

6. Does the Applicant use independent contractors for your productions? ☐ Yes ☐ No
If yes, does the Applicant require certificates of insurance with limits of \$1,000,000 or greater with the Applicant named as additional insured? ☐ Yes ☐ No

Total cost of independent contractors: \$ _____
7. Has any form of insurance ever been cancelled or declined? ☐ Yes ☐ No
If yes, please explain:

8. Stunts, hazards, and special effects:

If the Applicant ever becomes involved in any of the below (*), please notify us immediately and provide the following (A-D):

- | | | |
|--|----------------------------|---------------------------|
| * Use of watercraft | * Underwater filming | * Filming near/on water |
| * Use of trains or railroads | * Use of animals | * Use of pyrotechnics |
| * Expensive antiques or autos | * Auto chase scenes | * Auto crash scenes |
| * Other dangerous auto scenes | * Filming above fifty feet | * Underground filming |
| * Use of aircraft, helicopters or balloons | | * Other stunts or hazards |

- A. Description of the scene and storyboard.
 B. Details on where and how the scene will be performed.
 C. Details of all safety features put in place to protect people and property.
 D. Name and telephone number of stunt and special effects coordinator.
 (Additional information may be requested at a later date.)

NOTE: Use of animals, stunts, dangerous auto scenes, crashes or in air use of aircraft, helicopters, or balloons are excluded from film productions policies. Coverage can only be considered if operated by insured independent contractors. Please provide details and certificates of insurance from sub-contractors with limits not less than \$1,000,000 and naming our insured as an Additional insured.

9. Will children (under age 18) be included in the production? ☐ Yes ☐ No
 If yes, please provide ages and describe scenes in which they will be participating:

If yes and Abuse & Molestation coverage is requested, please complete the following:

- | | | |
|---|------------------------------|-----------------------------|
| Are the child's parents or legal guardian(s) required to be on-set when the child actor is present? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Applicant's state allow criminal background checks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does the Applicant perform background checks on all persons prior to hiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Applicant verify employment references for employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Applicant have formal procedures for supervision of employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Applicant had any incidents resulting in allegation of sexual abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, provide details:

SECTION III - INLAND MARINE

Notes: Schedule required for individual items valued in excess of \$25,000.

1. Film Coverage – does the Applicant require coverage for damaged film or media? ☐ Yes ☐ No

2.	LIMIT OF LIABILITY	DEDUCTIBLES
Owned cameras and camera equipment (Minimum deductible \$2,500)	\$	\$
Props, sets and wardrobe	\$	\$
Fine arts, jewelry, etc.	\$	\$
Extra expense	\$	\$

Cont'd	LIMIT OF LIABILITY	DEDUCTIBLES
Third Party Property Damage	\$	\$
Miscellaneous Equipment (Minimum deductible \$1,000)		
Rented	\$	\$
Borrowed	\$	\$
Electronic Data Processing		
Hardware	\$	\$
Software	\$	\$
Extra expense	\$	\$
Negative/Video/Sound/Disc	\$	\$
Faulty processing	\$	\$

3. Negative/faulty coverage

Film: 35mm: _____% Film: 16 mm: _____% Film: 70 mm: _____% Video: _____%
Disc: _____% CD-ROM: _____% 3D: _____% Other: _____%

Will the Applicant be using any specialized computer programs to create any images or effects? ☐ Yes ☐ No
If yes please explain and give the name of the software and provide values:

Name and address of the lab/studio performing the effects:

Name and address of processing/post laboratory:

4. Security controls for equipment while on set or on location: _____

Is there a private firm or security employees guarding equipment while on site? ☐ Hired ☐ Employed

If hired, please provide cost and attach certificate of insurance: \$ _____

If employed, please provide payroll: \$ _____

5. Is equipment inventory checked at the end of each shooting day? ☐ Yes ☐ No

6. Is Worldwide Coverage needed? ☐ Yes ☐ No

(**This coverage is meant for *brief* filming / photography operations only)

- In which countries will filming operations take place? _____
- How long will the shoots be (i.e. two days, one week, etc.)? _____
- How many times will they go to this country in one year? _____
- What productions will they be producing? _____

SECTION IV - HIRED & NON-OWNED AUTO

1. Does the Applicant allow employees to use their own personal vehicles for your business? ☐ Yes ☐ No

If yes, how many employees use their own personal vehicle: _____

If yes, how often: _____

NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.

2. Does the Applicant obtain Motor Vehicle Reports? ☐ Yes ☐ No

If yes, how often: _____

3. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? ☐ Yes ☐ No
If yes, what minimum limits are required: \$ _____
4. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ _____
5. Is hired auto physical damage required? ☐ Yes ☐ No
If yes, what is the maximum value of hired vehicle you would like insured: \$ _____
NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision if coverage is requested.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN 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.

APPLICABLE IN NEW YORK: 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

Allen Financial Insurance Group / AFIG Entertainment

12424 N 32nd St #101 Phoenix, AZ 85032

602-992-1570 FAX 602-992-8327 G.Janes@egggroup.com

PRODUCER LICENSE NUMBER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)