



Allen Financial Insurance Group

Application for Short Term Film Production

CONTACT INFORMATION

Named Insured:	
<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust	
Country of Residency (if Individual)	
Country of Registration (if Other)	
Primary Address: (No PO Box) <small>Street Address City, State, Country Postal Code</small>	
Mailing Address: (if different from Primary) <small>Street Address City, State, Country Postal Code</small>	
Contact Name:	
E-mail:	
Telephone:	
Facsimile:	
Website:	
Federal ID/Social Security #	

QUALIFICATION QUESTIONS

Will production include any Hard Core/Soft Core Porn or live gangster rap?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any production activities take place outside of the U.S. or Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation? (PEO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any losses in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any unprotected or open heights above 15 feet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that only one production will be covered by this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Short Term Film Production Application

PRODUCTION DETAILS

Title of Production	
Type of Production	
Gross Production Cost	Number of Episodes (if applicable)
Production Start Date	Production End Date
Brief Description / Synopsis of Shoot	
Cities & States of Shooting locations	

FOR MUSIC VIDEOS ONLY

Type of Music	
Music Decade	
Artist Name	

KEY PERSONNEL

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

First & Last Name	Role / Title	Drivers License #	State of Issue	Country of Residence
	<i>Exec Producer</i>			
	<i>Producer</i>			
	<i>Director</i>			

Short Term Film Production Application

Will this production include any stunts, pyrotechnics, aircraft, boats, animals, Yes No race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities?

If YES, the information below is required for each stunt or hazardous activity

Stunts

Type of Stunt _____
Detailed Description of Stunt _____

Date(s) of Stunt _____
Stunt Coordinators/Professionals, if any
Licensed? _____
 Yes No

Permits

Are permits required? Yes No
Have the been obtained? Yes No
Describe precautions taken for the safety of the
public _____
Participants and Property: _____
Any cast member involved or in close proximity? Yes No
Are vehicles involved? Yes No
of Vehicles _____
Maximum speed _____
Any collisions or explosions? Yes No

Animal Coverage

Type of animal and breed _____
Value of Animal _____
\$ _____
Where will animal be housed before/after filming? _____
Who is responsible during transport? _____
Days of filming _____
Number of scenes _____
Are animal replacements available? Yes No
Can animals be substituted at all times? Yes No

Required Attachments & Notes:

- * Attach detailed synopsis of stunt, resume of stunt coordinator, pyrotechnician, permits
 - * Certain types of hazardous stunts and activities are ineligible for this program
 - * Certain types of coverage i.e. WC are not available for productions with hazardous stunts / activities
- Duplicate this page for additional stunts in the same production

Short Term Film Production Application

COVERAGE OPTIONS

EFFECTIVE & EXPIRATION DATES OF COVERAGE

Up to 60 Days within a 60 day consecutive period

INLAND MARINE

Rented Equipment Limit	\$
Owned Equipment Limit	\$
Props, Sets, Wardrobe Limit	\$
Negative Film / Faulty Stock (Limit equals the budget up to \$250,000)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Extra Expense	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Third Party Property Damage	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,500,000 <input type="checkbox"/> \$2,000,000

GENERAL LIABILITY

Occurrence / Aggregate Limit	<input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000 <input type="checkbox"/> \$3,000,000 / \$3,000,000 <input type="checkbox"/> \$4,000,000 / \$4,000,000 <input type="checkbox"/> \$5,000,000 / \$5,000,000
Blanket Additional Insureds / Certificates of Insurance	Automatically Included
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

HIRED & NON-OWNED AUTO

Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
Physical Damage (Limit per vehicle / aggregate limit)	<input type="checkbox"/> \$125,000 / \$500,000

Short Term Film Production Application

WORKERS COMPENSATION

Workers Compensation required by SAG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Shoot Days		
Number of Full Time Cast Crew		
Number of Part Time Cast Crew		
Payroll W-2, 1099, Deferred, Other Class Codes Payroll Company Name (If Any) Officers to Exclude (Name & Title)		

IN ACCEPTING ANY QUOTATION PROVIDED BY RESULT OF THIS PROPOSAL REQUEST, THE INSURED WARRANTS THAT ALL INFORMATION AND ANSWERS PROVIDED IN THIS PROPOSAL ARE TRUE AND CORRECT.

The Insured so Warrants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the Company until accepted by the Company or Companies but that the information contained herein shall be the basis of the contract should a policy be issued.

WARRANTY

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

APPLICANT

Signature _____ Title _____ Date _____

BROKER _____ TELEPHONE (____) _____

Allen Financial Insurance Group

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