

**DICE / PRODUCER'S PACKAGE - APPLICANT INFORMATION**

1. Name of Production Company: \_\_\_\_\_

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

3. Applicant is:  An Individual  A Partnership  A Corporation  Other \_\_\_\_\_

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

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

Insurance Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

4. Year business started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

5. Production personnel are:  Union Members  Non-Union Members

6. Please provide production related payrolls for:  Office/Clerical: \$ \_\_\_\_\_

(All figures are estimated annual for insurance purposes)  Managerial/Executive: \$ \_\_\_\_\_

Please do not double report payroll by category  Production/Freelance: \$ \_\_\_\_\_

Others \$ \_\_\_\_\_

7. Provide the name and telephone number of the Payroll Service used (if any):  
\_\_\_\_\_

8. a) Previous Insurer: \_\_\_\_\_

b) Has the Applicant ever had any Special Producers or similar insurance declined or canceled in the past five years?  No  Yes (if yes, explain) \_\_\_\_\_

c) Describe any previous losses over \$10,000 (insured or uninsured) sustained by the Producer in the past five (5) years: \_\_\_\_\_

9. Estimated # of projects: \_\_\_\_ / yr Est. # of shooting days: \_\_\_\_ / wk Gross Production Costs: \$ \_\_\_\_\_

10. Estimated Annual Revenues: \$ \_\_\_\_\_ Previous 12-month Revenues \$ \_\_\_\_\_

11. Do you rent/lease production property to others?  Yes  No Est. annual revenues \$ \_\_\_\_\_  
(Attach a copy of contract)

12. Is any post-production work done for others?  Yes  No Est. annual revenues \$ \_\_\_\_\_  
(Attach a copy of contract)

13. Do you perform or set up multimedia events?  Yes  No Est. annual revenues \$ \_\_\_\_\_  
(If YES, please describe)



14. Types of Production Related Projects and Percentage of Activity:

<input type="checkbox"/> Music Videos	_____ %	<input type="checkbox"/> 2 <sup>nd</sup> Unit Filming	_____ %	<input type="checkbox"/> Industrial	_____ %
<input type="checkbox"/> Commercials	_____ %	<input type="checkbox"/> Travel Logs	_____ %	<input type="checkbox"/> CD-ROM	_____ %
<input type="checkbox"/> Computer Effects	_____ %	<input type="checkbox"/> Exercise Videos	_____ %	<input type="checkbox"/> Animation	_____ %
<input type="checkbox"/> Infomercials	_____ %	<input type="checkbox"/> Still Shots	_____ %	<input type="checkbox"/> Training Films	_____ %
<input type="checkbox"/> Documentaries	_____ %	<input type="checkbox"/> Educational	_____ %	<input type="checkbox"/> Other	_____ %

15. Please describe nature of Other/Documentary work (if noted above): \_\_\_\_\_

16. Identify three of your major clients, or your last three clients: \_\_\_\_\_

17. Are projects scheduled or anticipated to be produced outside of the United States?  Yes  No

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

**Basic Production Related Package - Coverage(s) Desired:**

**NEGATIVE / VIDEOTAPE** - coverage for exposed film/video including sound tracks and recordings through completion of principle photography.

What percentage of productions - on which format or media:

<input type="checkbox"/> Hi-DEF Video	_____ %	<input type="checkbox"/> CD-ROM	_____ %	<input type="checkbox"/> Film: 16mm	_____ %
<input type="checkbox"/> Video – All Other	_____ %	<input type="checkbox"/> 3D	_____ %	<input type="checkbox"/> Film: 35mm	_____ %
<input type="checkbox"/> Disc / DVD	_____ %	<input type="checkbox"/> Other	_____ %	<input type="checkbox"/> Film: 70mm	_____ %

Percentage of overhead not directly related to production included in gross production cost figures: \_\_\_\_\_ %

Maximum gross production costs associated with any one production: \$ \_\_\_\_\_

Maximum loss exposure (expressed in dollars) any one occurrence: \$ \_\_\_\_\_  
(Total amount of negative film without protection prints at any one time stored at one location)

Maximum expected length of any one production from start of photography to date of protection print: \_\_\_\_\_

(If over 90 days, please explain) \_\_\_\_\_

Average estimated length of time from start of photography to date of protection print for all productions. \_\_\_\_\_

Any special film processes, equipment or computer dependent special effects required (e.g. Panavision, Cinerama, IMAX, etc.)  Yes  No If so, please provide a brief explanation:

\_\_\_\_\_



Name and Location of principal:

- a) Laboratories to be used: \_\_\_\_\_
- b) Vaults to be used: \_\_\_\_\_
- c) Cutting rooms to be used: \_\_\_\_\_
- d) Average distances of shooting locations to laboratory: \_\_\_\_\_

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

**FAULTY STOCK, CAMERA AND PROCESSING** - coverage for exposed film/video including sound tracks and recordings following completion of principle through post production.

Explain procedures the Applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping: \_\_\_\_\_

Maximum Number of Days filmed material is accumulated prior to processing: \_\_\_\_\_

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

**PROPS, SETS AND WARDROBE**

Full 100% Value of Owned: \_\_\_\_\_ (Attach schedule if available)

Rented: \_\_\_\_\_ (maximum value at any one time)

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

**MISCELLANEOUS EQUIPMENT** - please report on each category of equipment using the 100% replacement cost in today's marketplace. Please attach a separate inventory schedule if available.

Owned In-Studio (Edit/Post) Equipment: \_\_\_\_\_ Mobile (Location) Equipment: \_\_\_\_\_

- Do you rent or use equipment from others on occasion?  Yes  No If you have answered "YES" please select a maximum value (or limit of insurance) for rented and non-owned production equipment that may be in your care custody or control at any one time:

- \$25,000     \$50,000     \$75,000     \$100,000     \$250,000
- \$500,000     \$750,000     \$1,000,000     Other: \_\_\_\_\_

Please note and provide details on those items valued in excess of \$25,000.00 (Use separate sheet if necessary):

Brief description of protection of property on applicant's premises; (fire fighting equipment, watchman, alarm etc.)

Location where the Miscellaneous Equipment and Props, Sets and Wardrobe will be returned when not in use:



**THIRD PARTY PROPERTY DAMAGE**

Brief description of property (other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with a production for which the applicant may be responsible: \_\_\_\_\_

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

**EXTRA EXPENSE**

As a result of loss of or damage to property or facilities used in connection with the insured production(s):

Estimated time needed to reconstruct destroyed sets or scenery: \_\_\_\_\_

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

What alternate location or studio facilities would be immediately available? \_\_\_\_\_

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

**BUSINESS PERSONAL PROPERTY** (other than the Misc. Production Related Equipment already described)

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

Please note Building Construction: \_\_\_\_\_ Year built: \_\_\_\_\_ Area Occupied : \_\_\_\_\_

- Full 100% Value of Owned: \_\_\_\_\_ (attach schedule, if available)

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

Description or type of Property to be insured (if unscheduled): \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

Please confirm (to the degree foreseeable) anticipated production activity involving any of the following (please check all that might apply. Only check this box  if NONE of the following are anticipated.

- |   |   |
|---|---|
| <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           | <input type="checkbox"/> Pyrotechnics (Explosions, fire or live ammunition) |
| <input type="checkbox"/> Stunts or Other Hazardous Activities | <input type="checkbox"/> Other: _____                                       |

- If you should ever expect to become involved in any of the activities above, most insurance policies have severe restrictions or limitations that may effect or exclude coverage. Please notify us immediately, and provide us with the following information:
  - Description of the Scene and Storyboard
  - Details on where and how the scene will be performed.
  - Details of all safety features put in place to protect people and property.



- o Name and telephone number of stunt and special effects coordinator

Please estimate the percentage of Location Filming: \_\_\_\_\_% Percentage of Studio Filming: \_\_\_\_\_%

Do you require Certificates of Insurance from independent contractors:  Yes  No *If YES, what are your requirements?*

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Do you require Certificates of Insurance from those renting from you:  Yes  No *If YES, what are your requirements?*

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**BUSINESS AUTO LIABILITY**

Are there any vehicles currently titled in the company name:  Yes  No

Do you desire coverage for these scheduled owned vehicles:  Yes  No

- If "YES" please provide an updated schedule noting the make, model, year, cost new, location or city for each vehicle. Please include updated driver information noting the driver's name, state of residence, date of birth, driver license number. OR
- If your answer is "NO" please advise us of the insurance company who is currently insuring these vehicles, and limits of insurance.

Do you or your employees routinely use their own or rented vehicles on company business:  Yes  No

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

Percentage of Private Passenger Vehicles  Less than 50% of all vehicles  Less than 25% of all vehicles

**HIRED AUTO PHYSICAL DAMAGE**

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

Percentage of Private Passenger Vehicles  Less than 50% of all vehicles  Less than 25% of all vehicles

**OTHER COMMENTS / COVERAGES** (Describe) \_\_\_\_\_

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**IMPORTANT - PLEASE READ YOUR POLICY CAREFULLY**

1. Most policies will either **NOT** cover or severely limit the amount they may pay for costs for talent, services or facilities provided by others and not budgeted AND paid for by the Insured, unless specifically declared and endorsed onto the policy.
2. Negative Film and Videotape Coverage most likely will contain an important representation in connection with artwork and drawings for animated productions; a representation that the cameras, lenses and related equipment are to be fully tested; as well as a coverage limitation as respects accumulated unprocessed negative film in excess of 3 to 5 shooting days.
3. Most policies will **NOT** cover theft of insured property from an **unattended** vehicle unless there is clear evidence that the vehicle was locked, windows and other compartments closed at the time of the theft and there must be physical evidence or clear signs of forced entry or break-in.
4. Most insurers have either made mandatory or are in the process of making mandatory some form of terrorism limitation and/or exclusion from coverage that clarifies their coverage intent.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in the true statement of the facts.

**ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING:** 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 (NY: substantial) criminal and civil penalties.

**COLORADO FRAUD WARNING:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**OHIO FRAUD WARNING:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**PENNSYLVANIA FRAUD WARNING:** 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.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_  
*(Authorized Representative)*

By: \_\_\_\_\_

Title: \_\_\_\_\_

**Please return this application and any requested supplemental information to the following address:**

MediaPlus Insurance Services  
Part of The Encore Risk Management Group, Inc.  
Post Office Box 36219, Birmingham, Alabama 35236  
c/o William Blake, CIC, CPCU, ARM

<b>FOR OFFICE USE ONLY:</b>	_____	_____
<b>PROPERTY</b>	_____	_____
<b>SEP</b>	_____	_____
<b>CGL</b>	_____	_____
<b>BUS AUTO</b>	_____	_____

