

SHORT SHOOT PRODUCER'S PACKAGE APPLICANT INFORMATION

Production Company Name: _____

The applicant is: An Individual A Partnership A Corporation Other: _____

Address: _____

Contact Name: _____ Phone: _____

Title of Production: _____

The Production Is a/an: Documentary Industrial Educational Commercial Short

Running Time of Production: _____ If Series, # of Episodes: _____

Estimated Costs: Total Budget (attach copy of top sheet): _____

Post Production Costs: _____

Production Fee: _____

Vehicle Rental Costs: _____

Storyline Synopsis: _____

Shooting Locations: _____

The Production involves (check this box if NONE of the following apply or please check ALL that do apply)

- Use of Animals
- Motorcycles
- Airborne Crafts
- Railroad Cars or Equipment * If any stunts/hazards are checked, describe in detail & attach to this application
- Underwater Filming
- Special Vehicles
- Waterborne Crafts
- Pyrotechnics (Explosions, fire) Complete Supplemental Application
- Stunts or Hazardous Activities Complete Supplemental Application

Commencement of Pre-Production: _____ Duration of Filming: _____

Commencement of Principal Photography: _____ Duration of Post Production: _____

How often will be film be sent to Lab for processing? _____

Estimated Final Delivery: _____ Estimated Air Date: _____



Attach Complete Budget, Synopsis and Script

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.

Any material change to the Company's exposure must be reported prior to coverage applying.

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
 The Encore Risk Management Group, Inc.
 Post Office Box 36219, Birmingham, Alabama 35236
 ATTN: William Blake, CIC, CPCU, ARM
 Toll Free (telephone): 888.204.4364
 Facsimile: 205.444.3035

FOR OFFICE USE ONLY:				\$ _____
SEP/COV	Limit	D/A	Premiums	
Negative	\$GPC	None	\$ _____	
Faulty	\$GPC	\$5,000		
Props/Sets	\$50,000	\$500		
Misc. Equipment	\$500,000	\$2,500		
Extra Expense	\$100,000	\$1,500		
3 rd Party PD	\$250,000	\$1,500		
GEN. LIABILITY \$1,000 / \$2,000 / \$1,000				\$ _____
Blanket A/I?	Yes / No (GL limits expressed in 000's)			
BUS AUTO				
H/NO Liability	\$1,000,000	n/a	\$ _____	
H/C Physical	\$50,000 any 1	10% s/t	\$ _____	
Damage	\$125,000 total	\$2,000 - 7,500 min/max		

