

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
- Brochure and/or newsletter
- Financial statement (Annual term or multiple production policies)
- Loss runs for current year plus three (3) prior years

GENERAL INFORMATION

1. Name of Applicant: _____

2. Street and Mailing Address: _____

Premises Address: _____

Telephone Number: _____ Fax Number: _____

Website: www. _____

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

4. Owner's Name and Title: _____
Insurance Coordinator: _____

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

6. 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:

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

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

9. 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 |

10. Does Applicant distribute any of the items in question 6 above? Yes No
If yes, please describe and provide annual receipts:

_____ \$ _____

11. Previous insurer and policy number: _____

12. Does Applicant co-product 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 I - 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 about 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 will 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 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:

- | | | |
|---|------------------------------|-----------------------------|
| Does your 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 |
| Have you had any incidents resulting in allegation of sexual abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If yes, provide details:

SECTION II - INLAND MARINE:

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

1. Film Coverage – do you require coverage for damaged film or media? Yes No

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 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, 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: 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 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 COMMITS A FRAUDULENT INSURANCE ACT.

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.

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.**

NAME (PLEASE PRINT/TYPE)

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

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

AGENCY TAXPAYER ID OR SS NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)