



SPECIAL ENTERTAINMENT INLAND MARINE PACKAGE
POLICY APPLICATION
(Commercials, Documentaries, Industrial, Training & Educational Films, Short Subjects)

- 1. Name of Production Company (Applicant)
2. Address Street City County State Zip Code
Website Address:
3. Applicant is: Individual Partnership Corporation Limited Liability Corporation (list officers)
President Vice President
Secretary Treasurer
4. Experience of Applicant (provide examples and copy of resume/bio)
5. Financing source
6. Release or Distribution organization
7. Loss, if any, to be payable to
8. Productions are on: Film Digital Tape All
% Film % Digital % Tape
9. Production personnel are: Union Members Non-Union Members
10. Name and location of:
a. Studios to be used.
b. Laboratory to be used.
c. Vaults to be used.
d. Cutting rooms to be used.
11. Estimated number of productions to be produced annually Average Cost \$
Maximum Cost \$ Any One Production
12. Estimated gross annual production costs:
Tape \$ Film \$ Total \$
13. Type of Productions & Percentage of Activity
Music Video % 2nd Unit Filming % Industrial %
Commercials % Travel Logs % CD-ROM %
Computer Effects % Exercise Videos % Animation %
Infomercials % Still Shots % Other %

Other Documentaries/Infomercials, please describe in detail: _____

14. Special Hazards: Will any of the productions involve the following:

- Stunts Railroads Watercraft Aircraft Underwater Filming Animals

Describe (use separate sheet if necessary) _____

15. Percentage of Direct Cost to be included as Overhead (if any) _____

16. Percentage of productions to be filmed outside of the U.S. or Canada _____

Which countries _____

Number of times per year _____ Average days per production _____

Maximum cost any one production \$ _____

17. Maximum length of time any one production from start of photography to date of protection print _____

18. Average estimated length of time from start of photography to date of protection print of all productions to be insured

19. Maximum loss exposure: \$ _____ any one occurrence
 (Total amount of negative film without protection prints at any one time stored at one location)

20. **Description and values at risk:** (indicate whether owned or rented and give dollar amount breakdown)

	Owned	Rented (Highest any one time)	Totals
Props	\$ _____	\$ _____	\$ _____
Sets & Scenery	\$ _____	\$ _____	\$ _____
Wardrobe & Costumes	\$ _____	\$ _____	\$ _____
Cameras & Lenses	\$ _____	\$ _____	\$ _____
Sound & Recording	\$ _____	\$ _____	\$ _____
Electrical & Lighting	\$ _____	\$ _____	\$ _____
Editing & Projection	\$ _____	\$ _____	\$ _____
Other Equipment	\$ _____	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____	\$ _____

If any individual items valued in excess of \$25,000, give details. _____

21. Negative to be transported to processing lab:

Via _____ Frequency _____

22. Inventory control methods _____

Person responsible _____

23. Any mobile location studio vehicles used? Yes No Values \$ _____
Describe each unit in detail. _____

Estimated annual cost of hire \$ _____

24. Provide details on protection and security of equipment/property while in use (on location/during transport) and while stored/not in use. _____

25. Do you rent property to others? Yes No; If yes, what are the annual receipts? _____
Please provide a copy of your rental contract.

26. Has any form of insurance ever been cancelled or declined? Yes No (NOT APPLICABLE IN MISSOURI)
If yes, explain. _____

27. Previous Insurer _____ Policy No. _____

28. Previous loss experience _____

29. **COVERAGES DESIRED**

	Limit of Liability	Deductible
Negative/Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props, Sets and Wardrobe	\$ _____	\$ _____
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing, Projection & Other Equipment	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Property Damage Liability	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____

30. Desired Effective Date of Policy _____ Term _____

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 the true statement of facts.

Date _____ Applicant _____
Federal Employer I.D. No. _____
By _____
Title _____

Agent/Broker _____
Address _____
Contact _____ Phone Number _____

APPLICATION SUPPLEMENT - FRAUD WARNINGS

This supplement becomes attached to the applications in the following states:

Arkansas - applicable to all coverages:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia - applicable to all coverages:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky – applicable to all coverages:

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.

New Jersey - applicable to all coverages:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio - applicable to all coverages:

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.

Oklahoma - applicable to all coverages:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania - applicable to all coverages:

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.

Virginia - applicable to all coverages:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.