



SHORT TERM PRODUCTION APPLICATION

CONTACT INFORMATION

1. Name Insured: _____
2. Entity is: Individual LLC LLP Corporation Non-Profit Trust
3. Country of Residency(if individual) : _____
4. Country of Registration (all others): _____
5. Primary Address (no P.O. Box): _____

6. Mailing Address (if different from primary): _____

7. Contact Person: _____ Phone/Fax: _____
8. Email/Website: _____
9. Federal ID/Social Security #: _____

QUALIFICATION QUESTIONS

10. Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Gangster Rap Music, and Hard Core/Soft Core Porn? Yes No
11. Any unprotected or open heights above 15 feet or employees: Yes No
12. Are employees supplied to or from an employee leasing operation? (i.e. PEO): Yes No
13. Is coverage required outside of the U.S. and Canada: Yes No
14. Confirm that only one production can be covered by the policies issued: Yes No
15. Any Prior Production with any Losses of any kind: Yes No

PRODUCTION DETAILS

16. Title of Production: _____
17. Type of Production: _____
18. Budget (Gross Production Cost): _____
(Maximum eligible budget is \$1,000,000)
19. Brief Description/Synopsis of Shoot: _____

20. Cities & States of shooting locations? _____



FOR MUSIC VIDEOS ONLY

21. Type of Music: _____

22. Music Decade: _____ Artists Name: _____

KEY PERSONNEL

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

Role	First & Last Name	Drivers License #	State of Issue	Country of Residence

COVERAGE OPTIONS

23. Effective & Expiration Dates of Coverage: _____
 Up to 60 days within a 60 consecutive day period

24. Inland Marine:

Rented Equipment Limit \$ _____

Owned Equipment Limit \$ _____

Props, Sets, Wardrobe Limit \$ _____

Negative Film/Faulty Stock (Limit equals the budget, up to 25,000) Include Exclude

Extra Expense 10,000 25,000

50,000 100,000

Third Party Property Damage 250,000 500,000

1,000,000 1,500,000

2,000,000

25. General Liability:

Occurrence/Aggregate Limit \$1,000,000/\$1,000,000

\$1,000,000/\$2,000,000

\$2,000,000/\$2,000,000

\$3,000,000/\$3,000,000

\$4,000,000/\$4,000,000

\$5,000,000/\$5,000,000

Blanket Additional Insured's/Certificates of Insurance Automatically Included

City Certificates Include Exclude

Waiver of Subrogation Include Exclude

26. Hired & Non-Owned Auto:

Liability \$1,000,000

\$2,000,000

\$3,000,000

\$4,000,000

\$5,000,000

Physical Damage (Limit per vehicle/aggregate limit) 125,000/500,000



27. Workers Compensation:

Workers comp required by SAG Yes No

Number of Shoot Days _____

Number of Full Time Cast/Crew _____

Part Time Cast/Crew _____

Payroll: W-2 1099 Deferred Other _____

Class Code(s) _____

Payroll Company Name (if any) _____

Officers to exclude (Name & Title) _____

Signature: _____ Date: _____