



TELEVISION PRODUCTION APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [] Individual [] Partnership [] Corporation [] Limited Liability Company
President Vice President
Secretary Treasurer
4. Years in Business? (If less than 3 years, please provide resumes of principals)
5. Title of this production or series:
6. Indicate: pilot production, special production, regular series of productions or mini-series of productions and show running time (1/2 hour, 1 hour, 90 min., etc.):
7. If a series (regular or mini), indicate number of episodes:
8. Format of production(s):
9. Shooting schedule:
a) Rehearsals: Starting Date:
b) Principal Photography: Starting Date:
Estimated completion date:
10. Estimated Costs:
(a) Total Budget (attach Budget): \$
(b) Story and Scenario: \$
(c) Music & Sound Rights & Royalties: \$
(d) Total Negative Cost (a less b & c): \$
(e) Post Production Costs: \$
(f) Net Insurable Production Costs (d less e): \$
(g) Below-the-line Cost: \$



1. Indicate if any of the following items are to be insured:

- (a) Story _____
- (b) Scenario _____
- (c) Music Rights _____
- (d) Sound Rights _____
- (e) Royalties _____
- (f) Continuity _____

12. Percentage of Direct Cost included as Overhead, (If any): _____

13. Explain Amount of Deferrals, (If any):

14. Estimated Date of Protection Material (all productions other than series): _____

15. Location(s) of filming: _____

16. Transit Exposures:

Will any property be transported: [] Yes or [] No (If so, what and how)

If any overseas shipments state complete details: (Please note CARGO is not covered by this policy)

17. Who is financing the series? _____

18. Has the production (s) been sold to a sponsor? _____

19. List any special insurance requirements desired: _____

20. INSURANCE LIMITS:

Props/Sets & Wardrobe

LIMIT OF LIABILITY: \$ _____

1. Description and values at risk:

Sets _____

Prop Cars _____

Antiques _____

Jewelry _____

2. Any individual items valued in excess of \$25,000?

(Explain) _____

Where will these items be kept, how will they be protected and who will be responsible for them?



Miscellaneous Equipment

LIMIT OF LIABILITY: _____

(Camera, Sound or Lighting, etc)

1. Description and values at risk:

(a) Cameras \$ _____ Rented or owned? _____

(b) Lighting and electrical \$ _____

(c) Other \$ _____

2. Where will equipment be kept and how will it be protected?

Extra Expenses

LIMIT OF LIABILITY: \$ _____

1. Estimated time required to reconstruct or replace unusual sets, scenery or equipment:

2. What other studio facilities are or will be immediately available?

3. Estimate time required to reconstruct or replace Unusual Sets, Scenery or Equipment, etc. in event of total destruction: _____

Property Damage Liability

LIMIT OF LIABILITY: \$ _____

1. Description of Locations:

Negative/Faulty Insurance

1. Gross Negative Cost (each production if a series) _____

2. Net Insurable Cost (each production if a series) _____

3. Below the line costs (each production if a series) _____

21. Any Watercraft, Aircraft, or other unusual exposures? *(If so, describe in detail)*

22. Provide Payroll & State of Hire

Cast: _____

Crew: _____

Post Productions: _____



23. CAST: _____ DIRECTOR: _____

List Principals Contracted for Continuing Roles

	Artist:	Age: <i>(Estimated if exact age unknown)</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

24. Does Insured furnish transportation to employees or others? Yes No
 Describe distances, frequency & maximum number of people in group traveling together. Type of transportation furnished (bus, air, etc.)

25. (a) If any persons are performing hazardous duties, are they:
 Independent Contractors Employees
 (b) Submit copy of contract with Independent Contractors, &/or evidence of their other insurance coverages by Certificate of Insurance.

26. Has any form of insurance ever been canceled or declined? Yes No *(If yes, please explain why)*

25. Previous Insurer: _____ Policy No.: _____

26. Previous Loss Experience: _____

<u>Date of Loss</u>	<u>Amount Loss</u>	<u>Type of Loss</u>
_____	_____	_____
_____	_____	_____

27. Desired Effective Date: _____

28. Desired Term of Policy: _____



Signing this application does not bind the applicant or the Company to complete the insurance, but it is 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.

WARRANTY: It is warranted, as a condition of insurance that the insured will test all camera equipment prior to commencement of principal photography; and, if transit to location is involved, camera equipment will be tested by the Insured prior to principal photography.

29. Please provide the following documents along with this signed application.

- A. Copy of Script (except for Series)
- B. Copy of Budget Summary

Any person who knowingly and with intent to defraud any Insurance Company or other person files a 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." 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.

Signature: _____

Tel. #: _____

Print Name: _____

Fax. #: _____

Date: _____

Fed. I.D. #: _____

Email: _____