



# American Entertainment Insurance

## DICE / ANNUAL PRODUCTIONS APPLICATION

### APPLICANT INFORMATION

1.	Insured name:					
2.	Entity Type:	<input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corp. <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other				
3.	Primary Address: (No PO Boxes)					
		City:		State:		Zip code:
4.	Mailing Address (if different from primary):					
		City:		State:		Zip code:
5.	Contact name:					
6.	Phone #:		Alternate phone #:		Fax #:	
7.	E-mail address:					
8.	Website:					
9.	Federal ID #:		OR Social Security #:			
10.	Description of business operations:					

### UNDERWRITING QUALIFICATION QUESTIONS

11.	Will any production include any hard-core or soft-core pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Will any production include any live gangster rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Will any production take place outside the US or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
14.	Any unprotected or open heights above 15'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	
15.	Any employees supplied to or from an employee leasing operation (i.e. PEO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you enter into any co-production agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:	

### INSURANCE HISTORY

17.	Any insurance declined or cancelled in the past 3 years (not applicable in MO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain:		
18.	Any Prior Insurance Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details below:		
	<b>Policy type</b>	<b>Carrier</b>	<b>Policy #</b>
			<b>Expiration date</b>
			<b>Premium paid</b>
		\$	
		\$	
19.	Any losses in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details below:		
	<b>Policy type</b>	<b>Date of loss</b>	<b>Description of loss</b>
			<b>Amount of loss</b>
			\$
		\$	



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## PRODUCTION DETAILS

20.	Years of industry experience:	
21.	Annual Gross Production Costs:	\$
22.	Maximum Budget per Production:	\$
23.	Maximum number of days per production:	
24.	Cities & States of primary shooting locations:	
25.	Any post-production operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No Annual post production revenue: \$
26.	Any rental operations (to others)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Annual rental operations revenue: \$
27.	Number of employees:	

## UPCOMING PRODUCTIONS

28.	Please indicate the number of productions you anticipate in each category over the upcoming 12 months:				
	Animation		Industrial/Corporate		PSA/Public Access
	Commercials/Promo/Sales Video		Infomercial		Reality Based TV
	Documentary/Interviews/Biography		Miscellaneous Production		SAG Production
	Editing/Trailer		Music Video		Short Film
	Educational/Instructional/Training		Photography Shoot		Spec Production
	Feature Film		Pick-Up Shoot		TV Show
	Independent Feature		Pre/Post Production		Other

## STUNTS AND/OR HAZARDOUS ACTIVITIES

29.	Does your production have any of the following: Stunts, Falls, Fight Scenes, Pyrotechnics, Fireworks, Airplanes, Helicopters, Hanggliders, Hot Air Balloons, Parachutes, Boats, Water Scenes, Animals, ATVs, Go Carts, Mopeds, Motorcycles, Scooters, Segways, Snowmobiles, Weapons, Blanks, Squibs, Precision Driving, Live Gangster Rap Music, Hard-Core/Soft-Core Porn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please request a Stunt Questionnaire from your broker.

## DATES OF COVERAGE

30.	Effective date:	
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## GENERAL LIABILITY

Select limits by clicking on the drop down menu to the right

31.	Select General Liability limit:	Please select:
32.	Select Fire Legal limit:	\$100,000
33.	Select Medical Payments limit:	\$5,000
34.	Blanket Additional Insureds/Certificates of Insurance: (allows for unlimited certificates to vendors and locations.)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
35.	City / Other Special Certificates:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
36.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
37.		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
38.		<input type="checkbox"/> Include <input type="checkbox"/> Exclude



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## AUTO

Select limits by clicking on the drop down menu to the right

39.	Hired & Non-Owned Auto Liability:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
40.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
41.	Cost of Hire (mobile studios and film trucks):	\$
42.	Cost of Hire (other than mobile studios/film trucks):	\$
43.	Number of Loaned or Donated Vehicles:	
44.	Number of days:	
45.	Hired & Non-Owned Auto Physical Damage:	Please select:

## EXCESS LIABILITY

46.	Occurrence / Aggregate Limit: (The excess liability is an additional layer of coverage above the general liability, auto, and employers liability.)	Please select:
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## INLAND MARINE

Indicate total replacement value for each desired coverage

47.	Rented Equipment: (camera, sound, lighting, etc.)	\$
48.	Rented Props, Sets & Wardrobes:	\$
49.	Rented Furs, Jewelry, Arts & Antiques: (The Props, Sets & Wardrobe form provides up to \$25,000 for furs, jewelry, arts, antique coverage. If a higher limit is required, include the additional limit under this coverage. A schedule/appraisal of the item(s) will be required.)	\$
50.	Owned Equipment, Props, Sets & Wardrobes:	\$
51.	Negative Film, Videotape & Digitized Image:	Same Limit as Faulty Stock
52.	Faulty Stock, Camera & Processing:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
53.	Faulty Stock Broad Form: (Broadens the faulty stock coverage by providing coverage for: faulty manipulating or judgment of the camera operator or assistants; error(s) of judgment in exposure, lighting or sound recording; use of incorrect raw film stock or videotape or media/software; and errors in machine programming or instructions to the machine.)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
54.	Library Stock Coverage: (Expands the definition of negative film, videotape and digitalized image to include insured's original cut negative film of completed or released productions, duplicate negatives, completed video tapes or other related media.)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
55.	Extra Expense:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
56.	Third Party Property Damage:	\$
57.	Office Contents:	\$
58.	Animal Extra Expense:	\$
59.	Rental Cost Reimbursement: (Covers the potential additional expense to rent similar equipment after a loss.)	\$
60.	EDP (Electronic Data Processing Equipment): (Computers and related equipment, media, software. Software extra expense is automatically included up to 25% of the hardware limit.)	\$
61.	Limited Computer Virus:	Please select:



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	(Attaches to EDP and provides limited coverage for computer viruses.)	
62.	Accounts Receivable:	\$
63.	Valuable Papers and Records:	\$
64.	Money & Securities:	\$
65.	Civil Authority: (Extra expense due to the interruption, postponement or cancellation of an "insured production" that is directly caused by or results from the operation of civil authority. The operation of civil authority must prohibit access due to threat of or actual loss or damage to property allowing access to or use of facilities you occupy or intend to occupy in connection with an "insured production" during the term of coverage.)	Please Select:
66.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
67.	Coverage Extension Endorsement: (Includes the following: Valuable Papers - \$25,000, Signs - \$10,000, Outdoor Property - \$5,000 Per Item/\$25,000 Total, Electronic Media And Records - \$5,000, Debris Removal - \$50,000, Employee Dishonesty - \$5,000, Fire Department Service Charges - \$25,000, Fire Equipment Recharge - \$10,000, Pollutant Clean Up And Removal - \$15,000, Sewer Backup - \$25,000, Temporary Location - \$25,000, Accounts Receivable - \$25,000, Money & Securities - \$5,000)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
68.	Worldwide Coverage:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

## CAST COVERAGE

69.	Cast Extra Expense: (Provides extra expense incurred in the completion of a production over and above the normal budgeted costs due to the death or disability (accident or sickness) or kidnapping of any scheduled artist. Cast coverage provides protection from pre-production through production and post-production. All artists must be scheduled in advance and medicals are required for sickness coverage. For coverage on an unscheduled basis, you may also include the 'covered person extension with sickness coverage'.)	Please select:
70.	Covered Person Extension (without sickness): (Provides accidental injury or accidental death cast coverage without having to schedule artists. If sickness coverage is required for any artists, those artists must be scheduled (a reduced limit for sickness coverage on an unscheduled basis is available under the 'Covered Person Extension with Sickness' coverage). Expands the definition of covered person to include any person necessary for the completion of the insured production.)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
71.	Covered Person Extension (with sickness) (Provides accidental injury, death and sickness coverage without having to schedule artists. Expands the definition of covered person to include any person necessary for the completion of the insured production.)	Please select:
72.	Family Bereavement (Expands cast coverage to provide for a bereavement period up to 5 days due to the death of an immediate family member.)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude



**WORKER'S COMPENSATION** (available only in CA, NY, TX, FL, NC, IL, NV, CO, PA, TN, AZ, CT & MI)

73.	Worker's Comp limit of \$1,000,000:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
74.	Waiver of Subrogation:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
	a) Name of party in whose favor the waiver is to read:		
	b) Physical Address of waiver holder: (No PO Boxes)		
	c) Contact name for waiver holder:		
	d) Contact's phone number:		
	e) Name of Project:		
	f) Location of Project:		
	g) Duration of Project (start & finish dates):		to
75.	Name of Payroll Company (if any):		
76.	Name of company officer excluded from coverage:	Title:	Please select:
77.	Enter the number of employees & total payroll amount for each class of employee:		
	<b>Class</b>	<b># of full time employees (more than 20 hrs./week)</b>	<b># of part time employees (less than 20 hrs./week)</b>
	Outside Salespersons		\$
	Clerical Office Employees		\$
	Photography		\$
	Subsequent Production Operations		\$
	Computer programmers/designers		\$
	Motion Picture Production		\$