



**SHORT TERM PRODUCTION 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 the production include any hard-core or soft-core pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Will the production include any live gangster rap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Will the 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.	Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued.	<input type="checkbox"/> Yes

**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>
			\$
			\$



# American Entertainment Insurance

## PRODUCTION DETAILS

20.	Production Title:			
21.	Production Type:			
	a) If Music Video, please indicate artist's name:		Music genre:	
22.	Total Production Budget:	\$		
23.	Production dates:	to	Total number of days:	
24.	Filming location:			
25.	Please provide a synopsis on what the project is about:			

## PRODUCTION PERSONNEL

26.	Producer's or EP's name:			
27.	Phone number:			
28.	e-mail address:			
29.	Driver's License number:		State:	

## STUNTS AND/OR HAZARDOUS ACTIVITIES

30.	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, Chase Scenes, 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.**

## 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
35.	Special Certificates:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
36.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
38.	Abuse & Molestation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude



**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: <small>(The excess liability is an additional layer of coverage above the general liability, auto, and employers liability.)</small>	Please select:
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**INLAND MARINE**

Indicate total replacement value for each desired coverage

47.	Rented Equipment: <small>(camera, sound, lighting, etc.)</small>	\$
48.	Rented Props, Sets & Wardrobes:	\$
49.	Rented Furs, Jewelry, Arts & Antiques: <small>(The Props, Sets &amp; 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.)</small>	\$
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: <small>(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.)</small>	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
54.	Library Stock Coverage: <small>(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.)</small>	<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:	\$



# American Entertainment Insurance

	(Covers the potential additional expense to rent similar equipment after a loss.)	
60.	Accounts Receivable:	\$
61.	Valuable Papers and Records:	\$
62.	Money & Securities:	\$
63.	Agency and Talent Re-Shoot Costs: (Provides coverage for contractually obligated [yet unanticipated] talent, services or facilities costs incurred to reshoot the production after a covered loss.)	\$
64.	Strikes or Civil Protest: (As a result of an officially sanctioned strike or civil protest, covers the loss due to the interruption, postponement or cancellation of the production.)	\$
65.	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
66.	Entertainment Enhancement Endorsement: (Includes the following as either a single limit by coverage or as a blanket limit: Agency/Talent Re-Shoot Costs, Power Supply Interruption, Civil Authority, Strike or Civil Protest, Library Stock Coverage, Animal Physical Damage, Animal Extra Expense, & Equipment Breakdown. The single limit by coverage is either \$25,000/\$1,500 or \$50,000/\$2,500. The blanket limit is \$100,000/\$2,500.)	Please Select:
67.	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:
68.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
69.	Worldwide Coverage:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

## CAST COVERAGE

70.	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:
71.	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
72.	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:
73.	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 & MD)

74.	Worker's Comp limit of \$1,000,000:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
	Waiver of Subrogation:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	
75.	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
76.	Name of Payroll Company (if any):			
77.	Number of shoot days:			
78.	Name of company officer excluded from coverage:	Title:	Please select:	
79.	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>	<b>Total Payroll</b>
	Motion Picture Production			\$
	Clerical Office Employees - NOC			\$
	Subsequent Production Operations			\$