



HUNTER KEILTY MUNTZ & BEATTY
International Insurance Brokers

D.I.C.E. PROTECTION PACKAGE APPLICATION

Documentaries, Industrial, Commercials, Educational & Training Films, Short Subjects

1. Name of Production Company (Applicant):

2. Address - mailing: _____

- premise / location(s) _____

3. Applicant is: Individual. Partnership. Corporation.

If the applicant is a Corporation, please provide the following names:

President: _____ Vice - President: _____ Secretary:

_____ Treasurer: _____

4. Experience of Applicant (examples): _____

5. Years in business: _____

6.a) Previous Insurer and Policy Number: _____

b) Has the applicant ever had any form of insurance cancelled or declined? No Yes

If "yes" explain: _____

c) Describe any previous losses over \$1,000 (insured or uninsured): _____

7. Source of Financing: _____

8. Release or Distribution Organizations or Agencies: _____

9. Loss, if any, to be payable to: _____

10. Productions are on: Film Tape Both _____% Film _____% Tape

11. Production personnel are: Union members Non-Union Members

12. Estimated number of productions to be produced annually: _____

13. Estimated gross annual production costs:

Tape \$ _____ Film \$ _____ Total \$ _____

14. Is any post - production work done for others?: No Yes

If yes, Estimated annual receipts \$ _____. (Attach copy of contract).

15. Names and addresses of:

a) Studios: _____

b) Laboratories: _____

c) Vaults: _____

d) Cutting Rooms: _____

16. Types of films to be produced: Documentaries Industrial & Training Films
Commercials Educational Films Animated Films Music Videos
Other (Please Describe) _____

17. Maximum cost any one production: \$ _____

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

19. Maximum length of time any one production from start of photography to date of protection print.:

20. Average estimated length of time from start of photography to date of production print of all productions to be insured: _____

21. Description and values at risk (give dollar amount breakdown):

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

Give detail of Props or equipment valued in excess of \$25,000: _____

22. Any special film processes, special effects or equipment (e.g.) Panavision, Cinerama, Imax, etc.)
No Yes

23. Explain procedures the Applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping: _____

24. Negatives / tapes to be transported to processing lab / post-production facilities:

Via: _____ Frequency: _____

25. Average distances of shooting locations to laboratory: _____

26. a) Any mobile location studio vehicles used? _____ Number & Values: _____
Give detailed description of each unit: _____

b) Cost of Hire: Mobile Studio Units and Film Trucks \$ _____
Other than above \$ _____

c) Percentage of Private Passenger Vehicles to all vehicles: _____

27. How is property protected? (fire fighting equipment, watchman, alarm, etc.):

28. Location to which Miscellaneous Equipment and Props, Sets and Wardrobe will be returned when not in use: _____

29. Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities to be used in connection with the production for which the applicant may be responsible: _____

30. a) Estimated time needed to reconstruct destroyed sets or scenery: _____

b) Estimated time to replace lost or destroyed equipment: _____

c) What alternate location or studio facilities would be immediately available?: _____

DICE Protection Coverages Desired	Limit of Liability	Deductible
Negative / Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props \$ _____		
Sets & Scenery \$ _____	\$ _____	\$ _____
Costumes & Wardrobe \$ _____		
Extra Expense	\$ _____	\$ _____
Miscellaneous Equipment (Cameras, Sound, Light, Editing, etc)	\$ _____	\$ _____
Business Contents	\$ _____	\$ _____
Third Party Property Damage Liability	\$ _____	\$ _____
Non owned and Hired Auto Physical Damage	\$ _____	\$ _____
Money & Securities	\$ _____	\$ _____
Blanket Employee Dishonesty - Commercial	\$ _____	\$ _____

Other Coverages: **Limit of Liability** **Deductible**

Commercial General Liability	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Desired Effective Date of Policy: From _____ **to** _____

IMPORTANT

1. This policy does **not** cover the Insured for costs in excess of \$25,000 for talent, services or facilities provided by others and not budgeted and paid for by the Insured, unless specifically declared and endorsed onto the policy.
2. The Negative Film and Videotape Coverage Form contains an important representation in connection with artwork and drawings for animated productions; a representation that the cameras, lenses and related equipment are to be fully tested; as well as a coverage limitation as respects accumulated unprocessed negative film in excess of 5 shooting days.

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 in the true statement of the facts.

Date: _____ Applicant: _____
(Authorized Representative)

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Contact: _____

Telephone No.: _____