



HUNTER KEILTY MUNTZ & BEATTY
International Insurance Brokers

TV & MOTION PICTURE ENTERTAINMENT PACKAGE APPLICATION

1. Name of Production Company (Applicant): _____

2. Address – mailing: _____

- premise / location(s) _____

3. Applicant is: Individual. Partnership. Corporation.

Officers:

President: _____ Vice - President: _____

Secretary: _____ Treasurer: _____

4. Name the following: Director _____

Producer _____

Production Manager _____

Director of Photography _____

5. List prior productions of the Producer including name of the insurer: _____

6. Years in business: _____

7.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) Provide details off all losses for the past 5 years (insured or uninsured): _____

8. Source of Financing: _____

9. Release or Distribution Organizations or Agencies: _____

10. Name of person to be contacted for audit: _____ Phone #: _____

11. Title of Production: _____

12. Production is:

- a. Motion Picture for Initial Theatrical Release: _____
- b. Television Production:
 Motion Picture Feature: _____ Pilot _____ Special _____
 Series _____ Mini Series _____ Other _____

Indicate running time of the production: _____ minutes

If a series, please indicate the number of episodes: _____

13. Type of Story (Drama, Comedy, Musical, Western, etc): _____ (attach copy of script)
 Storyline: _____

14. Production Schedule:

Dates of Pre Production: From _____ To _____

Dates of Principal Photography: From _____ To _____

Dates of Post Production: From _____ To _____

Estimated Completion date of Protection Print: _____

15. List of Shooting Locations (indoor/Outdoor-city, state, country) Period of time at each location

_____	_____
_____	_____
_____	_____

16. Describe arrangements for First Aid/ Access to medical facilities. Who is responsible for arrangements

17. Describe any arrangements made for the security of the cast & crew. _____

18. Does the production involve any the use of any of the following; if "Yes" provide complete details:

- | | | |
|---|-----------|----------|
| Animals | Yes _____ | No _____ |
| Motorcycles | Yes _____ | No _____ |
| Aircraft (including gliders, helicopters, etc.) | Yes _____ | No _____ |
| Watercraft | Yes _____ | No _____ |
| Special Vehicles (vintage, prototype, etc.) | Yes _____ | No _____ |
| Train cars or Equipment | Yes _____ | No _____ |
| Underwater Filming | Yes _____ | No _____ |

19. Does the production involve the following:

- | | | |
|---------------------------------|-----------|----------|
| Stunts | Yes _____ | No _____ |
| Pyrotechnics (fire, explosions) | Yes _____ | No _____ |

20. Estimate costs of Production:

- | | |
|---------------------------|----------|
| a. Total Budget: | \$ _____ |
| b. Story & Scenario: | \$ _____ |
| c. Music & Sound Rights: | \$ _____ |
| d. Post Production Costs: | \$ _____ |

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

Story/Underlying Rights \$ _____ Sound Rights \$ _____ Music Rights \$ _____

21. Protection Coverages Desired	Limit of Liability	Deductible
Pre production Cast Coverage	\$ _____	\$ _____
Cast Insurance	\$ _____	\$ _____
Negative / Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props \$ _____		
Sets & Scenery \$ _____	\$ _____	\$ _____
Costumes & Wardrobe \$ _____		
Extra Expense	\$ _____	\$ _____
Miscellaneous Equipment (Cameras, Sound, Light, Editing, etc)	\$ _____	\$ _____
Business Contents	\$ _____	\$ _____
EDP Equipment, Data & Media	\$ _____	\$ _____
Accounts Receivable	\$ _____	\$ _____
Valuable Papers	\$ _____	\$ _____
Third Party Property Damage Liability	\$ _____	\$ _____
Non owned and Hired Auto Physical Damage	\$ _____	\$ _____
Money & Securities	\$ _____	\$ _____
Other Coverages:	Limit of Liability	Deductible
Commercial General Liability	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

22. EXTENDED PRE PRODUCTION CAST:

Persons to be Insured	Role/Position	Age	Coverage	Limit of Liability
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				Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

23. CAST INSURANCE:

Person to be Insured	Age	Role/Position	Stop Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If answer is "yes" to Stop Date question, please give details: _____

Date coverage required: _____

24. Negative Film/Videotape:

Names and addresses of:

- a) Processing Laboratory: _____
- b) Storage Vaults: _____
- c) Editing Facility: _____
- d) Post Production: _____

25. Will original negative film material leave the above premises prior to the completion of a protection print?

Yes ___ No ___ If "Yes", explain: _____

26. Will the negative film material be processed and viewed on a daily basis during principal photography?

Yes ___ No ___ if "No", Explain: _____

27. Provide details how will original negative material be transported from the film location(s) to processing laboratory. _____

28. Type of film used: (ie. 35mm, 70mm, etc.) _____

29. Is videotape used in lieu of negative film: Yes ___ No ___

Will Animation or Computer Generated Graphics be used: Yes ___ No ___

If "Yes" what percentage & details: _____

30. Any special film processes, special effects or equipment (e.g.) Panavision, Cinerama, Imax, etc.)

No Yes

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

Via: _____ Frequency: _____

a. Average distances of shooting locations to laboratory: _____

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

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

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

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

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

36. 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: _____

37. 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?: _____

38. 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: _____

Desired Effective Date of Policy: From _____ to _____

IMPORTANT

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.

Any material change to the Insurer's exposure must be reported prior to coverage applying.

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.: _____