



FILM PRODUCTION SUPPLEMENTAL APPLICATION

Annual Productions, D.I.C.E. Annual Programs or Film Schools

SUBMISSION REQUIREMENTS

- ACORD applications for all lines requested except Inland Marine, General Liability and Hired/Non-Owned Auto
- Synopsis of each production to be scheduled herein
- Financial statement (Annual term or multiple production policies)
- Currently valued loss runs for the current policy period plus three (3) prior years

SECTION I - GENERAL INFORMATION

1. Applicant Name:
2. Street Address:
City: State: Zip:
3. Mailing Address:
City: State: Zip:
4. Premises Address:
City: State: Zip:
5. Phone: Fax:
Website: www.
6. Applicant is a: Corporation Individual Partnership
Other (explain):
7. Owner's Name and Title:
8. Risk Management Contact: Phone:
Email:
9. Applicant's experience in the business: years
10. Year business was established:
11. Type of productions and percentage of activity:

Music Video	%	2 nd Unit Filming	%	Industrial	%
Commercials	%	Travel Logs	%	CD Rom	%
Computer Effects	%	Exercise Videos	%	Animation	%
Infomercials	%	Still Shots	%	Other:	%

Other documentaries/infomercials, please describe in detail:

12. Name three of the Applicant's major productions or your last three productions:

13. Number of productions completed in the previous year:
14. Number of anticipated productions for upcoming 12 months by category (if any):

Commercial/Promotional/Sales Video:	PSA/Public Access Program:
Editing/Trailer:	Reality Based TV Show:
Educational/Instructional/Training:	SAG Production:
Industrial/Corporate Video:	Short Film:
Infomercial	Spec Production:
Miscellaneous Productions:	TV Pilot/Specials:
Photography Shoot:	TV Series:
Pre/Post-Production:	
15. Does the Applicant distribute any of the items in question 14 above? Yes No
 - a. If yes, please describe:
 - b. Annual receipts: \$
16. Does the Applicant own or use any drones, UAV's (unmanned aerial vehicles), or remote controlled aerial devices? Yes No
17. Has the Applicant had any claims (occurring, not just paid) in the past three (3) years? Yes No
If yes, please describe, including date occurring and amounts paid:
18. Previous insurer and policy number:
19. Does the Applicant co-produce projects with independent producers? Yes No
If yes, please provide a sample copy of co-production agreements. Note: all co-productions require prior approval from the carrier.

SECTION II - GENERAL LIABILITY

1. Name and description of production(s) for which coverage is requested:
2. Start date of production(s):
End date of production(s):
3. Percentage of location filming: % Percentage of studio filming: %
4. Gross Production Cost: \$
5. Payroll: Crew: \$ Cast: \$
6. Does the Applicant use independent contractors for their productions? Yes No
 - a. If yes, does the Applicant require certificates of insurance with limits of \$1,000,000 or greater with the Applicant named as additional insured? Yes No
 - b. Total cost of independent contractors: \$

7. Has any form of insurance ever been cancelled or declined? Yes No
 If yes, please explain:

8. Stunts, hazards, and special effects:
 If the Applicant becomes involved in any of the below (*), please complete our separate Stunt Questionnaire application for underwriting review.

- | | | |
|--------------------------------------------|----------------------------|---------------------------|
| * Use of watercraft | * Underwater filming | * Filming near/on water |
| * Use of trains or railroads | * Use of animals | * Use of pyrotechnics |
| * Expensive antiques or autos | * Auto chase scenes | * Auto crash scenes |
| * Other dangerous auto scenes | * Filming above fifty feet | * Underground filming |
| * Use of aircraft, helicopters or balloons | | * Other stunts or hazards |

NOTE: Use of animals, stunts, dangerous auto scenes, crashes or in air use of aircraft, helicopters, or balloons are excluded from film productions policies. Coverage can only be considered if operated by insured independent contractors. Please provide details and certificates of insurance from sub-contractors with limits not less than \$1,000,000 and naming our insured as an Additional insured.

9. Will children (under age 18) be included in the production? Yes No
 a. If yes, please provide ages and describe scenes in which they will be participating:

If yes and Abuse & Molestation coverage is requested, please complete the following:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| a. Are the child's parents or legal guardian(s) required to be on-set when the child actor is present? | Yes | No |
| b. Does the Applicant's state allow criminal background checks? | Yes | No |
| c. If yes, does the Applicant perform background checks on all persons prior to hiring? | Yes | No |
| d. Does the Applicant verify employment references for employees? | Yes | No |
| e. Does the Applicant have formal procedures for supervision of employees? | Yes | No |
| f. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| g. Has the Applicant had any incidents resulting in allegation of sexual abuse?
If yes, provide details: | Yes | No |

SECTION III - INLAND MARINE

Notes: Schedule required for individual items valued in excess of \$25,000.

1. Film Coverage – does the Applicant require coverage for damaged film or media? Yes No

	LIMIT OF LIABILITY	DEDUCTIBLES
Owned cameras and camera equipment (Minimum deductible \$2,500)	\$	\$
Props, sets, and wardrobe	\$	\$
Fine arts, jewelry, etc.	\$	\$
Extra expense	\$	\$

Cont'd	LIMIT OF LIABILITY	DEDUCTIBLES
Third Party Property Damage	\$	\$
Miscellaneous Equipment (Minimum deductible \$1,000)		
Rented	\$	\$
Borrowed	\$	\$
Electronic Data Processing		
Hardware	\$	\$
Software	\$	\$
Extra expense	\$	\$
Negative/Video/Sound/Disc	\$	\$
Faulty processing	\$	\$

3. a. Negative/Faulty Coverage
- | | | | | | | | |
|-------------|---|--------------|---|--------------|---|--------|---|
| Film: 35mm: | % | Film: 16 mm: | % | Film: 70 mm: | % | Video: | % |
| Disc: | % | CD-ROM: | % | 3D: | % | Other: | % |
- b. Will the Applicant be using any specialized computer programs to create any images or effects? Yes No
- c. If yes, please explain and give the name of the software and provide values:
-
- d. Name and address of the lab/studio performing the effects:
- e. Name and address of processing/post laboratory:
4. a. Security controls for equipment while on set or on location:
- | | | |
|------------------------------------------------------------------------------------|-------|----------|
| b. Is there a private firm or security employees guarding equipment while on site? | Hired | Employed |
|------------------------------------------------------------------------------------|-------|----------|
- c. If hired, please provide cost and attach certificate of insurance: \$
- d. If employed, please provide payroll: \$
5. Is equipment inventory checked at the end of each shooting day? Yes No
6. This policy includes a Locked Vehicle Warranty Endorsement. Does the Applicant want to remove this endorsement? Yes No
7. Is Worldwide Coverage needed? Yes No
- (**This coverage is meant for *brief* filming/photography operations only)**
- a. In which countries will filming operations take place?
- b. How long will the shoots be (i.e. two days, one week, etc.)?
- c. How many times will they go to this country in one year?
- d. What productions will they be producing?

SECTION IV - HIRED & NON-OWNED AUTO

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>1. Does the Applicant have any owned automobiles?
 <ul style="list-style-type: none"> • NOTE: If insured has owned autos, the Hired Car and Non-Owned Auto Coverage should be placed with the automobiles carrier. </p> | Yes | No |
| <p>2. Does the Applicant allow employees to use their own personal vehicles for your business?
 If yes, how many employees use their own personal vehicle:
 If yes, how often:
 NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.</p> | Yes | No |
| <p>3. Does the Applicant obtain Motor Vehicle Reports?
 If yes, how often:</p> | Yes | No |
| <p>4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?
 If yes, what minimum limits are required: \$</p> | Yes | No |
| <p>5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$</p> | | |
| <p>6. Approximately how many cars are hired or borrowed annually?</p> | | |
| <p>7. Is Hired Auto Physical Damage required?
 If yes, what is the maximum value of hired vehicle the Applicant would like insured: \$
 NOTE: Physical Damage deductibles: \$100 comprehensive/\$1,000 collision if coverage is requested.</p> | Yes | No |
| <p>8. Are any gear or grip trucks rented?
 If yes, please provide the maximum value of the vehicle including the equipment: \$</p> | Yes | No |

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise? | Yes | No | N/A |
| | If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | | | |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR 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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)