

SECTION II – GENERAL LIABILITY

PRODUCTION AND STUDENT DETAILS:

1. School's Professor(s): (first and last name(s))
2. Year the school was established:
3. Number of students enrolled on an annual basis:
4. Length of academic term (in weeks):

PRODUCTION INFORMATION

1. Estimated annual gross production cost: \$
2. Maximum gross production cost on any one project: \$
3. Maximum days per production:
4. Number of school sanctioned projects per student:
5. Stunts, hazards, and special effects:
If the Applicant ever becomes involved in any of the below (*), please notify us immediately and provide the following (A-D):

<ul style="list-style-type: none"> * Use of watercraft * Other dangerous auto scenes * Use of animals * Filming near / on water * Underground filming 	<ul style="list-style-type: none"> * Use of trains or railroads * Use of aircraft, helicopters or balloons * Auto chase scenes * Use of pyrotechnics * Other stunts or hazards 	<ul style="list-style-type: none"> * Expensive antiques or autos * Underwater filming * Filming above fifty feet * Auto crash scenes
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- A. Description of the scene and storyboard.
- B. Details on where and how the scene will be performed.
- C. Details on all safety features put in place to protect people and property.
- D. Name and telephone number of stunt and special effects coordinator. (Additional information may be requested at a later date).

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.

SECTION III – ABUSE AND MOLESTATION

- | | | | |
|--|-----|-----|----|
| 1. Does the Applicant's current insurance program include Abuse and Molestation coverage? | N/A | Yes | No |
| 2. Will children (under age 18) be included in any productions?
If yes, please provide ages and describe scenes in which they will be participating: | | Yes | No |
| 3. Are the child's parents or legal guardian(s) required to be on-set when filming? | | Yes | No |
| 4. 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 |
| 5. Does the Applicant verify employment references for employees and volunteers? | | Yes | No |
| 6. Does the employee handbook have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) | | Yes | No |
| 7. Have any incidents resulted in an allegation of sexual abuse? | | Yes | No |
| a. If yes, was the case settled? | | Yes | No |
| b. Was the case taken to trial? | | Yes | No |
| c. Amount paid for damages to the victim? \$ | | | |
| 8. Does the Applicant's state allow criminal background checks? | | Yes | No |
| If yes, does the Applicant run criminal background checks prior to hire for: | | | |
| Employees: Yes No Volunteers: Yes No | | | |

SECTION IV – INLAND MARINE

***Schedule required for individual items valued in excess of \$25,000**

1. Does the Applicant rent school equipment to students? Yes No
 2. With regard to film coverage – does the Applicant require coverage for damaged film or media? Yes No

Item	Limit of Liability	Deductibles
Owned cameras and camera equipment (minimum deductible \$2,500)	\$	\$
Props, Sets and Wardrobe	\$	\$
Fine Arts, Jewelry, etc.	\$	\$
Extra Expense	\$	\$
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	\$	\$
Office Contents:	\$	\$

4. Negative / faulty coverage
- | | | | | | | | |
|------------|---|------------|---|------------|---|--------|---|
| Film: 35mm | % | Film: 16mm | % | Film: 70mm | % | Video: | % |
| Disc: | % | CD-ROM: | % | 3D: | % | Other: | % |
5. Will the Applicant be using any specialized computer programs to create any images or effects? Yes No
 If yes, please explain and give the name of the software and provide values:
 a. Name and address of the lab / studio performing the effects:

b. Name and address of the processing / post laboratory:

6. Security controls for equipment while on set or location:
 a. Is there a private firm or security employees guarding equipment while on site? Yes No
 If yes, are they: Hired Employed
 b. If hired, please provide cost and attach certificate of insurance: \$
 c. If employed, please provide payroll: \$
 7. Is equipment inventory checked at the end of each shooting day? Yes No

SECTION V – HIRED AND NON-OWNED AUTO

1. Does the Applicant allow employees to use their own personal vehicles for its business? Yes No
 a. If yes, how many employees use their own personal vehicle:
 b. 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.
2. Does the Applicant obtain Motor Vehicle Reports? Yes No
 If yes, how often?
3. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? Yes No
 If yes, what minimum limits are required: \$
4. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$
5. Is hired auto physical damage required? Yes No
 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.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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.

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APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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.

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NAME (PLEASE PRINT/TYPE)

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

SIGNATURE

DATE

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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)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Website: www:

Nature of Operations:

1. Annual sales or revenue: \$

2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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