



3660 N Lake Shore Dr, Suite 2602, Chicago 60613

## Short Term, Low Budget Production Insurance Application

**(Please note that any premiums paid for short-term production insurance are not refundable.)**

### General Information

Named Insured:	
Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID / Social Security Number:	
Description of Operations:	

### Qualifying Questions

	Yes / No
Will the production include any Hard-Core or Soft-Core pornography?	
Will the production include any live gangster rap music?	
Any unprotected or open heights above 15 feet?	
Will any production activities take place outside of the U.S. and Canada?	
Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued.	
Any employees supplied to or from an employee leasing operation (i.e. PEO)?	

## Short Term, Low Budget Production Insurance Application

### Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

### Production Details

Production Name:	
Type of Production:	
Gross Production Cost:	
No. of Episodes (if applicable):	
Length of Episode (if applicable):	
Total Number of Cast & Crew:	
Shooting Locations (cities):	
Production Start / End Dates:	
Synopsis:	

### Music Videos Only

Type of Music:	
Decade:	
Artist's Name:	

## Short Term, Low Budget Production Insurance Application

### Key Personnel

Personnel Role*	First and Last Name	Driver's License #	State of Issue	Country of Residence

***\*At least one Producer or Executive Producer must be listed***

### Stunts and / or Hazardous Activities

	Yes* / No
Will the production include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snow mobiles, ATVs, blanks, squibs, guns or other hazardous activities?	

***\*If you answered yes to the above question, please request a stunt application.***

Coverages (Note that not all coverages listed are available for all productions or in all states.)

Dates of Coverage: Effective \_\_\_/\_\_\_/\_\_\_ Expiration \_\_\_/\_\_\_/\_\_\_

### General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
Blanket Additional Insured (Include or Exclude)		N/A
City/ Other Special Certificates (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

### Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

***\*If you requested Auto coverage, please complete the following:***

Number of Rented/ Borrow Vehicles	
Number of Days Above to be Used	
Cost of Film/ Studio Truck Rentals	
Cost of Other Vehicle Rentals	

## Short Term, Low Budget Production Insurance Application

### Coverages (continued)

#### Workers Compensation\*

Coverage	Limit	Deductible
Limit of \$1,000,000 (Include or Exclude)		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

***\*If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay)	
No. of Shoot Days	

#### Inland Marine

Coverage	Limit	Deductible
Rented Equipment (Camera, Lighting, Sound, ...)		
Rented Props, Sets, Wardrobe		
Owned Equipment, Props, Sets, Wardrobe		
Negative Film, Videotape & Digitalized Image		
Third Party Property Damage		
Extra Expense		
Office Contents		
Rental Cost Reimbursement		
Animal Extra Expense* (Include or Exclude)		N/A
Civil Authority Coverage		
Cast Coverage* (select 100% 75% 50% or 25% of budget)		
Covered Person Extension – without sickness (Include or Exclude)		N/A
Covered Person Extension – with sickness	<i>Select limit below</i>	N/A
\$5,000 per person / \$25,000 aggregate		N/A
\$10,000 per person / \$50,000 aggregate		N/A
\$25,000 per person / \$100,000 aggregate		N/A
Family Bereavement (Include or Exclude)		N/A
Additional Insured (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

***\*If you requested cast or animal coverage, please request these applications.***

#### Travel Accident

Coverage	Limit	Deductible
Guild Limit		N/A
All Others Limit		N/A

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### Coverages (continued)

#### Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_