

Post-Production Operation Insurance Application

APPLICANT INFORMATION

1. Name of Company: _____

2. Address: _____

3. The applicant is: An Individual A Partnership A 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 this business: _____

6. Is the applicant a member of AICE? No Yes

7. a) Previous Insurer: _____

b) Has the Applicant ever had any Post-Production Operation or similar insurance declined or canceled in the past five years? No Yes

(if yes, explain) _____

c) List any previous losses (insured or uninsured) sustained in the past five (5) years *(Attach additional sheet if needed)*: _____

8. Premium Audit Contact: _____ Phone #: (_____) _____

9. Address of premises used for Post-Production Work *(if same as above, state "same")*

10. Building Construction type: _____ Number of Stories: _____

11. Year Built _____

12. Burglar Alarm Type: _____

13. Premises Fire Protection: _____

14. Projects are on: Film Tape Both _____%Film _____%Tape

15. Estimated number of projects accepted for Post-Production work annually: _____

16. Estimated gross annual revenue: \$ _____

17. Estimated production **cost** of all projects accepted for Post-Production work: \$ _____

18. Types of projects accepted for Post-Production Work:

Commercials

Music Videos

Other(Please Describe) _____

19. Highest revenue expected from any single project: \$ _____

20. Estimated maximum production cost any one project: \$ _____

21. Maximum length of time required for the completion of any one project from taking possession of the elements until delivery: _____

22. Average length of time the elements remain on your premises? _____

23. What is the total number of separate projects you will have in your possession at any one time? _____

24. Elements consist principally of (*check all applicable*):

Original Negative Film

Videotape

Protection Print Material

Other (*describe*): _____

25. Do you make copies of the elements you accept for Post-Production work? Yes No

26. Describe how original elements are stored: _____

27. Will the original elements leave your premises while they are in your custody during Post-Production work:

Yes No

If "Yes", describe circumstances: _____

Limit of Liability

28. What is the Limit of Liability desired for any one covered production while located on the insured's premises?

\$ _____

29. What is the Limit of Liability desired for all productions (aggregate) while located on the insured's premises?

\$ _____

30. What is the Limit of Liability desired for any one occurrence while covered productions are in transit or while located elsewhere?

\$ _____

Attach a sample copy of the bid form, work order, or job contract you use to describe the details of the Post-Production projects.

IMPORTANT

This policy does **NOT** cover the Insured for costs in excess of \$75,000 for talent, services or facilities provided by others and not budgeted and as part of the original budget, unless specifically declared and endorsed onto the policy.

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.

ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING: 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 (NY: substantial) criminal and civil penalties.

COLORADO FRAUD WARNING: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

OHIO FRAUD WARNING: 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.

PENNSYLVANIA FRAUD WARNING: 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.

Date: _____ Applicant: _____
(Authorized Representative)

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Contact: _____

Telephone Number: _____