

PRODUCTION POLICY APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees (if available)

BROKER INFORMATION

Broker/Agency Name:			
Address:		City:	State: Zip:
Contact Person:			
Contact Information:		Phone #:	Fax #:
		E-Mail:	Website:

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Other - Describe				

ADDITIONAL INSUREDS – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

UNDERWRITING INFORMATION

1. Applicants experience in the business:	
2. Type of Productions & Percentage of Activity:	
Music Video: _____%	2 nd Unit Filming: _____%
Commercials: _____%	Travel Logs: _____%
Computer Effects: _____%	Exercise Videos: _____%
Infomercials: _____%	Still Shots: _____%
Industrial: _____%	CD-ROM: _____%
Animation: _____%	Other: _____%
3. Other Documentaries/Infomercials, please describe in detail:	
4. Name three of your major clients, or your last three clients:	
5. Number of productions completed in the policy year:	
6. Expiring Annual Production Cost: \$ _____	Estimated Gross Annual Production Cost: \$ _____
7. Max Cost of any one Production: \$ _____	Average Daily Production Costs: \$ _____
8. Do you distribute any of the items in question two? <i>If Yes, please describe and provide annual receipts:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Percentage of productions outside of country of origin: _____ % List Countries: Exchange rate to be declared: _____ per \$1.00 / Country	
10. Percentage of Location Filming: _____%	Percentage of Studio Filming: _____%
11. Maximum length of time from start to the protection print of a production:	
12. Do you rent property to others? <i>If Yes, what are the annual receipts? \$ _____</i> Please provide a copy of your rental contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you perform or set up multimedia events? <i>If Yes, please describe and provide estimate of costs:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you do any editing or special effects for others? <i>If Yes, please describe and provide annual receipts: \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you own any property? <i>If Yes, please provide total value: \$ _____ (If in excess of \$250,000, please attach an Acord property application)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do you require a Certificate of Insurance from independent contractors? <i>If Yes, what are your requirements?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Has any form of insurance ever been cancelled or declined? <i>If Yes, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEGATIVE FILM/FAULT COVERAGE

1. Percentage of productions on:
 Film: 35 mm: _____% Film: 16 mm: _____% Film: 70 mm: _____% Video: _____%
 Disc: _____% CD-ROM: _____% 3D: _____% Other: _____%

Will you be using any specialized computer programs to create any images or effects? If so, please explain and give the name of the software, and provide values:

2. Will you be using any specialized computer programs to create any images or effects? If so, please explain and give the name of the software, and provide values:

3. Name and address of the lab/studio performing the effects:

4. Name and address of processing/post laboratory:

5. How frequently will film be developed/viewed and how will it be transported?

6. Will you be using any special film or cameras?
If Yes, please explain:

CAST COVERAGE

Person to be Insured/Role	Artist Start Date	Age	Date Coverage Desired	Stop Dates
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Are any persons to be covered involved in any hazardous activity? <i>If Yes, please explain:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any special conditions, contract requirements, or stop dates on the persons to be covered? <i>If Yes, please attach a copy of the contract.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the covered persons functioning in dual capacity?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any covered person involved another production before the start of principle photography? <i>If Yes, please explain, including where and how long::</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any covered person planning any medical procedures before the start of principle photography? <i>If Yes, please explain:</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

STUNTS, HAZARDS, AND SPECIAL EFFECTS

Please indicate if you are involved in any of the below. If you become involved in any of the below, please notify us immediately, and provide the following (A-D):

- | | | |
|---------------------------------------------|----------------------------|---------------------------|
| € 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 |

- A. Description of the Scene and Storyboard
 - B. Details on where and how the scene will be performed
 - C. Details of 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.*

PRODUCTION SCHEDULE

	Start	End
Start of Pre-Production:		
Start of Principal Photography:		
Completion of Protection Print:		
Air Date:		
Hiatus Periods:		
Do you plan on filming before or after principal photography? <i>If Yes, please provide estimated Start & End dates:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCTION PACKAGE: LIMITS OF LIABILITY AND DEDUCTIBLES

Coverage	Limit of Liability	Deductible
Props, Sets and Wardrobe	\$	\$
Fine Arts, Jewelry, etc.	\$	\$
Extra Expense	\$	\$
Third Party Property Damage	\$	\$
Miscellaneous Equipment: Rented	\$	\$
Miscellaneous Equipment: Owned	\$	\$
Office Contents	\$	\$
Hired Auto	INCLUDED	
Electronic Data Processing Hardware	INCLUDED	
Software	\$	\$
Extra Expense	\$	\$
Money and Currency	\$	\$
Neg./Video/Soundtracks/Disc	\$	\$
Other:	\$	\$
	\$	\$
	\$	\$



HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles? <i>If Yes, who is the insurer?</i> Limits of coverage: \$ _____ Effective date of coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured allow employees to use their own personal vehicles for business purposes? <i>If Yes, how many employees use their personal vehicles? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, how often?</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? <i>If Yes, what limits are required? \$ _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

FRAUD STATEMENTS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* 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)** confinement in prison. *Applies in MD only. ** Applies in NM only.

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 THE 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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND 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)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: "It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits."

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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 fines and confinement in prison.

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 OHIO

Any person who, with intent to defraud or knowing that he/she 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 OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.