



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

FILM PRODUCTION SUPPLEMENTAL APPLICATION

Short Term, Annual Productions, D.I.C.E. 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
- Brochure, newsletter and website information
- Financial statement (Annual term or multiple production policies)
- Currently valued insurance company loss runs for the current year plus three (3) prior years

GENERAL INFORMATION

1. Name of Applicant:

2. Mailing Address

Street:

City:

State:

Zip Code:

Premises Address

Street:

City:

State:

Zip Code:

Telephone Number:

Fax Number:

Website: www.

3. Applicant is a: Corporation Individual Partnership
 Other (explain):

4. Owner's Name and Title:
Insurance Coordinator:

5. Applicant's experience in the business: years

6. 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:

7. Name three (3) of your major productions or your last three productions:

8. Number of productions completed in the previous year:

9. Number of anticipated productions for upcoming twelve (12) months by category (if any):

Commercial/Promotional/Sales Video	Pre/Post-production
Editing/Trailer	PSA/Public Access Program
Educational/Instructional/Training	Reality based TV show
Industrial/Corporate video	SAG Production
Infomercial	Short film
Miscellaneous productions	Spec Production
Photography Shoot	TV Pilot/Series/Specials

10. Do you distribute any of the items in question 6? Yes No
If yes, please describe and provide annual receipts:

11. Previous Insurer and policy number:

SECTION I - GENERAL LIABILITY

1. Name and description of production(s) for which coverage is requested:

2. Start date of production:
End date of production:

3. Percentage of location filming: % Percentage of studio filming: %

4. Gross Production Cost: \$

5. Payroll: Crew: \$ Cast: \$

6. Do you require a certificate of insurance from independent contractors? Yes No
If yes, what are your requirements:

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

8. Stunts, Hazards, and Special Effects

If you ever 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.)

NOTE: Use of animals, stunts, dangerous auto scenes, crashes, or in air use of aircraft, helicopters or balloons will 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 additional insured.

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

If yes and abuse/molestation coverage requested, please complete the following:

- | | | |
|--|-----|----|
| Does your state allow criminal background checks? | Yes | No |
| If yes, do you perform background checks on all persons prior to hiring? | Yes | No |
| Do you verify employment references for employees? | Yes | No |
| Do you have formal procedures for supervision of employees? | Yes | No |
| Do your employment applications include questions regarding whether an individual has ever been convicted of any crime, including sex-related or child abuse related offenses? | Yes | No |
| Have you had any incidents resulting in allegation of sexual abuse? | Yes | No |
- If yes, provide details:

SECTION II - INLAND MARINE

Notes: Minimum deductible of \$2,500 applies
Schedule required for individual items valued in excess of \$25,000

	LIMIT OF LIABILITY	DEDUCTIBLES
1. Cameras and Camera Equipment	\$	\$
2. Props, Sets and Wardrobe	\$	\$
3. Fine Arts, Jewelry, etc.	\$	\$
4. Extra Expense	\$	\$
5. Third Party Property Damage	\$	\$

- | | | LIMIT OF LIABILITY | | | | DEDUCTIBLES | | | |
|-----|--|---------------------------|-------------|---|-------------|--------------------|----------|-----|----|
| 6. | Miscellaneous Equipment | | | | | | | | |
| | Rented | \$ | | | | \$ | | | |
| | Owned | \$ | | | | \$ | | | |
| | Borrowed | \$ | | | | \$ | | | |
| 7. | Electronic Data Processing | | | | | | | | |
| | Hardware | \$ | | | | \$ | | | |
| | Software | \$ | | | | \$ | | | |
| | Extra Expense | \$ | | | | \$ | | | |
| | Money and Currency | \$ | | | | \$ | | | |
| | Negative/Video/Sound/Disc | \$ | | | | \$ | | | |
| | Faulty Processing | \$ | | | | \$ | | | |
| 8. | Negative/Faulty Coverage | | | | | | | | |
| | Film: 35mm | % | 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? | | | | | | | Yes | No |
| | If yes, please explain and give the name of the software and provide values: | | | | | | | | |
| | Name and address of the lab/studio performing the effects: | | | | | | | | |
| | Name and address of processing/post laboratory: | | | | | | | | |
| 9. | Security controls for equipment while on set or on location | | | | | | | | |
| | Is there a private firm or security employees guarding equipment while on site? | | | | | Hired | Employed | | |
| | If Hired, please provide cost and certificate of insurance: | \$ | | | | | | | |
| | If Employed, please provide payroll: | \$ | | | | | | | |
| 10. | Is equipment inventory checked at the end of each shooting day? | | | | | Yes | No | | |

SECTION III - HIRED & NON-OWNED AUTO

- | | | | |
|----|--|-----|----|
| 1. | Does the Applicant allow employees to use their own personal vehicles for your business? | Yes | No |
| | 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. | | |
| 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 you would like insured? \$ | | |
| | NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided. | | |

Signing this application does not bind the applicant to purchase the insurance, but 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 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.

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO ALASKA RESIDENTS APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

NOTICE TO ARKANSAS RESIDENT APPLICANTS: "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."

NOTICE TO ARIZONA RESIDENTS APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO COLORADO RESIDENTS APPLICANTS: "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."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "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."

NOTICE TO FLORIDA RESIDENTS APPLICANTS: "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."

NOTICE TO KENTUCKY APPLICANTS: "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."

NOTICE TO LOUISIANA RESIDENTS APPLICANTS: "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."

NOTICE TO MAINE RESIDENTS APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

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

RESIDENTS OF NEW MEXICO APPLICANTS: "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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

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

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VIRGINIA APPLICANTS: "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."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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."

Insured Signature Date

Title

Producer Signature Date