



EVEREST

EVEREST INSURANCE COMPANY OF CANADA
PREMIERE INSURANCE UNDERWRITING SERVICES

PRODUCTION PACKAGE APPLICATION FORM

1. Name of Production Company (Applicant): _____

2. Address: _____

3. Applicant is: Individual Partnership Corporation, the Officers of which are:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____

4. Director: _____ Producer: _____
Production Manager: _____ Director of Photography: _____

5. List Prior Productions of Producer: _____
Previous Insurer of such Productions: _____

6. Has the Applicant ever had any Production Insurance cancelled or declined in the last five years? Yes No
If "Yes", explain: _____

7. Describe any Previous Losses (insured or uninsured) sustained by the Producer in the last five years:

8. Indicate Financing Source: _____

9. Release or Distribution Organization: _____

10. Film Completion Bond Company, if any: _____

11. Person to contact for Premium Audit: _____ Telephone Number: _____

12. Title of Production: _____

13. Indicate whether Production is: a) Motion Picture Feature for Initial Theatrical Release
b) Television Production:
i) Motion Picture Feature ii) Pilot
iii) Special iv) Series
v) Mini Series
vi) Other: _____

Indicate running time (30 min., 60 min., 90 min., etc.): _____

If a Series, indicate number of episodes: _____

14. Type of Story (Drama, Comedy, Musical, Western, etc.): _____

Storyline: _____

Describe all special stunts and scenes involving animals, underwater shooting, motorcycles, special vehicle, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives, or any other hazardous activity: (Include a complete Resume for the stunt coordinator, the pyrotechnic coordinator, and the gun wranglers):

15. Shooting Locations used during Principal Photography:

Description of Location (Including City, State, Country)	Period of Time at Each Location	
	From:	To:
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16. Medical Facility:

Describe arrangements made (if any) for First Aid and access to medical facilities and identify the person in charge of and responsible for making arrangements: _____

17. Security:

Describe arrangements made (if any) for the security of Cast and Crew and identify the person in charge of and responsible for making arrangements: _____

18. Production Involves:

- Use of Animals Yes No _____
- Underwater Filming Yes No _____
- Motorcycles Yes No _____
- Special Vehicles Yes No _____
- Airborne Crafts Yes No _____
- Waterborne Crafts Yes No _____
- Railroad Cars or Equipment Yes No _____
- Pyrotechnics (Explosion, Fire) Yes No _____
- Stunts or hazardous activities Yes No _____

Forward a copy of the script, a full budget and a shooting schedule

19. Estimate costs of each Production or Episode:

- (a) Total Budget (including budgeted deferrals): _____
- (b) Story and Scenario: _____
- (c) Music and Sound Rights and Royalties: _____
- (d) Total Negative Costs (a less b & c): _____
- (e) Post Production Costs: _____
- (f) Net Insurable Production Costs (d less e): _____
- (g) Total Below the Line Costs: _____

Indicate if any of the following Optional items are to be insured:

- Sound Rights \$ _____ Music Rights \$ _____ Royalties \$ _____
- Story/Underlying Rights \$ _____ Indirect Overhead \$ _____

Are there any other costs that you wish to take out of the Net Insurable? Yes No If yes, please explain:

20. Coverages Desired:

Extended Pre Production Cast Insurance

	<u>Person to be Insured</u>	<u>Role/Position</u>	<u>Age</u>	<u>Coverage Period</u>	<u>Limit of Liability</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Aggregate Limit of Liability: _____

Are employment contracts "Pay or Play"? Yes No

Do employment contracts contain "Tie-in" arrangements? Yes No

If "Yes", explain: _____

NOTE: Attach Copy of Contract or Deal Demo for each person to be Insured.

Cast Insurance

	<u>Person to be Insured</u>	<u>Role/Position</u>	<u>Age</u>	<u>Stop Date</u>
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "Yes" to the Stop Date question, please give particulars: _____

Principal Period of Photography: From: _____ Until: _____

Will Workers Compensation contributions be made on behalf of the cast and/or crew? Yes No

If Yes, for whom?: _____

Limit of Liability: \$ _____ Coverage to be effective: _____

NOTE: Attach Copy of Contract or Deal Demo for each person to be Insured.

Post Production Cast Insurance

	<u>Person to be Insured</u>	<u>Age</u>	<u>Function or Responsibilities During Post Production</u>	<u>Coverage Period</u>	<u>Stop Date</u>
1.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "Yes" to the Stop Date question, please give particulars: _____

Period of Post Production: From: _____ Until: _____

NOTE: Attach Copy of Contract or Deal Demo for each person to be Insured.

Negative/Videotape

Name and Location of:

- (a) Processing Laboratory: _____
- (b) Storage Vaults: _____
- (c) Editing Facility: _____
- (d) Post Production Facility: _____

Will original negative film material leave the above premises prior to the completion of a protection print?

Yes No If Yes, explain: _____

Will the processing frequency during principal photography be on a daily basis? Yes No If Yes, explain:

With what frequency will the processed Negative be viewed? _____

How will original negative material be transported from the filming location(s) to the processing laboratory?
(provide name of contract carrier, if any): _____

Film Type (i.e. 35mm, 70mm, etc.): _____

Is Videotape used in lieu of negative film? Yes No

Are Animation or Computer Generated Graphics used? Yes No

Estimated completion date of protection print: _____

Coverage to be effective: _____

Limit of Liability: \$ _____

Faulty Stock, Camera and Processing

Use of secondary market for raw stock? Yes No

Will new experimental technology and/or cameras and equipment be used in the filming of the project? Yes No

If Yes, please explain and provide names and qualifications of persons experienced in the technology: _____

Name and location for Camera Equipment Rental House(s): _____

Indicate accessibility to functionally similar back-up cameras at all filming locations:

Same Day 2-3 Days 4+ Days

Are cameras tested prior to each shooting day? Yes No

Name and position of person(s) responsible for security and protection of Props, Sets and Wardrobe: _____

Limit of Liability : _____

Props, Sets and Wardrobe

Value of Owned: \$ _____ Rented: \$ _____

List items with an insurable value in excess of \$100,000 each: _____

List any individual items of antiques, objects of art, rugs, furs, jewellery, precious or semiprecious stones/metals/alloys in excess of \$10,000: _____

Name and position of person(s) responsible for security and protection of Props, Sets and Wardrobe: _____

Coverage Required: From: _____ Until: _____

Limit of Liability: \$ _____

Miscellaneous Equipment

Value of Owned: _____ Rented: _____

List any individual item(s) over \$250,000: _____

Brief description of protection of property (fire fighting equipment, watchman, alarm, etc.): _____

Where will the equipment be kept during use? _____

Name and position of person(s) responsible for security and protection of equipment: _____

Coverage Required: From: _____ Until: _____

Limit of Liability: \$ _____

Third Party Property Damage

Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible: _____

Coverage Required: From: _____ Until: _____
Limit of Liability: \$ _____

Extra Expense (as a result of loss or damage to property/facilities used in connection with the production)

Estimate time needed to reconstruct destroyed sets or scenery: _____

Estimate time needed to replace lost or destroyed equipment: _____

What other location or studio facilities would be immediately available? _____

Coverage Required: From: _____ Until: _____

Limit of Liability: \$ _____

Office Contents

Full Address of Premises/Location(s): _____

Value Owned: _____ Rented: _____

Coverage Required: From: _____ Until: _____

Limit of Liability: \$ _____

Money & Securities

Maximum amount of cash on hand at any one location: \$ _____

Total cash on hand at all times at all locations: \$ _____

Name and position of person(s) responsible for the handling and safekeeping of money and securities: _____

Coverage required : From: _____ Until: _____

Limit of Liability: \$ _____ (for limits in excess of \$50,000. complete supplemental application)

Commercial Vehicle Physical Damage

Brief Description of vehicles to be used: _____

Limit required for any one vehicle: \$ _____

Limit required in the aggregate: \$ _____

Coverage required : From: _____ Until: _____

Cost of hire (Please break it down between vehicles and trucks): _____

How many vehicles will be rented? (Please break it down between vehicles and trucks): _____

Other Coverages (Describe) _____

Attach Complete Budget, Synopsis and Script

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.

Any material change to the Company’s exposure must be reported prior to coverage applying.

I/We have read the above and agreed that to the best of my/our knowledge and belief same fully represents in the true statement of facts.

Date: _____ Applicant: _____
 (Authorized Representative)

Agent/Broker: _____

Address: _____ By: _____

Contact: _____ Title: _____

Telephone Number: _____