

SHORT TERM PRODUCTION APPLICATION

	CONTACT INFORMATION							
1.	Name Insured:							
2.	Entity is: [] Individual [] LLC [] LLP [] Corporation [] Non-Profit [] Trust							
3.	Country of Residency(if individual):							
4.	Country of Registration (all others):							
5.	Primary Address (no P.O. Box):							
6.	Mailing Address (if different from primary):							
7.	Contact Person: Phone/Fax:							
8.	Email/Website:							
9.	Federal ID/Social Security #:							
	QUALIFICATION QUESTIONS							
10.	10. Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Gangster Rap Music, and Hard Core/Soft Core Porn? [] Yes [] No							
11.	Any unprotected or open heights above 15 feet or employees: [] Yes [] No							
12.	Are employees supplied to or from an employee leasing operation? (i.e. PEO): [] Yes [] No							
13.	Is coverage required outside of the U.S. and Canada: [] Yes [] No							
14.	Confirm that only one production can be covered by the policies issued: [] Yes [] No							
15.	Any Prior Production with any Losses of any kind: [] Yes [] No							
	PRODUCTION DETAILS							
16.	Title of Production:							
17.	Type of Production:							
18.	Budget (Gross Production Cost):(Maximum eligible budget is \$1,000,000)							
	Brief Description/Synopsis of Shoot:							
20.	Cities & States of shooting locations?							

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			FOR MUSIC VIDEOS	ONLY	
21.	Type of Music: _				
22	Music Decades		Artists Name		
22.	Music Decade		Afusts Name.		
			KEY PERSONNE		
Enter th	ne key personnel (e	executive producer, producer, d	rector, etc) At minimum; e	either the executive producer must be	listed.
Role		First & Last Name	Drivers License #	State of Issue	Country of Residence
			COVERAGE OPTIO	ONS	
			COVERED OF THE	5110	
23.	Effective & Exp	iration Dates of Coverage	2:	o 60 days within a 60 consecutive day p	neriod .
24.	Inland Marine:				
		Equipment Limit Equipment Limit			
	Props, S	ets, Wardrobe Limit			
	Negative Extra Ex	e Film/Faulty Stock (Limit ed spense	quals the budget, up to 25,000)	[] Include [] Exc [] 10,000 [] 25,6	
				[] 50,000 [] 100	,000
Third Party Property Damage		[] 250,000 [] 500,000			
				[] 1,000,000 [] 1,50 [] 2,000,000	00,000
25.	General Liability				
	Occurrence/Aggregate Limit			[] \$1,000,000/\$1,000,000 [] \$1,000,000/\$2,000,000	
				[] \$2,000,000/\$2,000,000 [] \$3,000,000/\$3,000,000	
				[] \$4,000,000/\$4,000,000	
	Blanket Additional Insured's/Certificates of Insurance			[] \$5,000,000/\$5,000,000 Automatically Included	
	City Cer			[] Include [] Exc	
	waiver (or Subrogation		[] Include [] Exc	aude
26.	Hired & Non-Ov	wned Auto:		r 1 \$4 000 000	
	Liability			[] \$1,000,000 [] \$2,000,000	
				[] \$3,000,000 [] \$4,000,000	
				[] \$5,000,000	
	Physical Damage (Limit per vehicle/aggregate lim	it)	[] 125,000/500,000	

475 PARK AVENUE SOUTH 17TH FLOOR NEW YORK, NY 10016 T 212-702-3300 F 212-702-3333 <u>WWW.VENTURAINSURANCE.COM</u>

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/. Workers Compensation:		
Workers comp required by SAG		[] Yes [] No
Number of Shoot Days		
Number of Full Time Cast/Crew		
Part Time Cast/Crew		
Payroll: [] W-2 [] 1099	[] Deferred	Other
Class Code(s)		
Payroll Company Name (if any)		
Officers to exclude (Name & Title)		
,		
Signature:		Date



As a result of a major catastroph production, re-design the staging have the show up and running a	g, choreography, l	ighting, etc and rep	roduce costumes	s, sets and scenery,	
(Consider maintaining actors on payre	oll, theatre guarantee	s, advertising, office ov	erhead?)		
Payroll Payroll			Weekly Sa	laries*	
(a) Players, Entertainers and M	usicians**				
(b) All Others					
(c) Clerical					
(d) Press Agent					
(e) Drivers					
(f) Other					
Total Number of	Males		Females		
Number of members of AEA_	AGMA	ATPAM	IATSE	AFM	
*Do not include salary in excess of \$3 a corporation. Do not include Press 2				ry for Actors whose ren	muneration is in the form of a fee paid t
**If your musicians are not on stage,	their payroll should	be reflected in (b) All (others.		
Additional Insureds					
Attach a list of the names and ac payees including lessors.	ldresses of all ind	ividuals/entities rec	quired by contrac	t, to be included as	additional insureds and/or loss
Date:			'el #:		
Signed:			³ ax #:		
Print Name:			Fed. I.D. #:		
Title:			Email		

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