



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. 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)
19. Brief Description/Synopsis of Shoot:
20. Cities & States of shooting locations?





FOR MUSIC VIDEOS ONLY

21. Type of Music: _____
 22. Music Decade: _____ Artists Name: _____

KEY PERSONNEL

Enter the key personnel (executive producer, producer, director, etc) At minimum; either the executive producer must be listed.

| Role | First & Last Name | Drivers License # | State of Issue | Country of Residence |
|------|-------------------|-------------------|----------------|----------------------|
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COVERAGE OPTIONS

23. Effective & Expiration Dates of Coverage: _____
 Up to 60 days within a 60 consecutive day period

24. Inland Marine:

| | |
|--|--|
| Rented Equipment Limit | \$ _____ |
| Owned Equipment Limit | \$ _____ |
| Props, Sets, Wardrobe Limit | \$ _____ |
| Negative Film/Faulty Stock (Limit equals the budget, up to 25,000) | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |
| Extra Expense | <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 |
| Third Party Property Damage | <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000 <input type="checkbox"/> 1,500,000 <input type="checkbox"/> 2,000,000 |

25. General Liability:

| | |
|--|--|
| Occurrence/Aggregate Limit | <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> \$3,000,000/\$3,000,000 <input type="checkbox"/> \$4,000,000/\$4,000,000 <input type="checkbox"/> \$5,000,000/\$5,000,000 |
| Blanket Additional Insured's/Certificates of Insurance | Automatically Included |
| City Certificates | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |
| Waiver of Subrogation | <input type="checkbox"/> Include <input type="checkbox"/> Exclude |

26. Hired & Non-Owned Auto:

| | |
|---|--|
| Liability | <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 |
| Physical Damage (Limit per vehicle/aggregate limit) | <input type="checkbox"/> 125,000/500,000 |





27. 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: _____



