



Intact Insurance Company

D.I.C.E. APPLICATION

(Documents, Industrial, Commercial and Educational Films)

Name of Production Company:

Address:

Telephone Number:

Email:

Applicant is a: Corporation Individual Partnership Other (Explain):

President:

Vice President:

Secretary:

Treasurer:

Experience of Applicant(s):

Number of years in business:

Type of Productions: (Please list examples and/or provide a copy of resume/bio)

Has any form of insurance ever been cancelled or declined? Yes No

If yes, please explain:

Previous Insurer and Policy Number:

Previous Loss Experience for the past five years (Attach Company Loss Runs):

Estimated Number of productions to be produced annually:

Estimated Annual Production Cost: \$

Maximum Cost of any one production: \$

Average Cost of any one production: \$

Percentage of productions on:

Film % Video % Digital % 3D % Other %

Type of Productions & Percentage of Activity:

- Music Video % Corporate Video % Industrial % Commercials %
 Educational Training % Travel Logs % Computer Effects % Animation %
 Short Film % 2nd Unit Filming % Still Shots % Other %

Other Documentaries/Infomercials/Exercise Videos, please describe in detail :

Maximum length of time from start to the protection print of a production:

Average length of time from start to the protection print of a production:

Production Personnel are: Union Members Non-Union Members

If you hire independent contractors, do you require a Certificate of Insurance from them? Yes No

Percentage of Location Filming: % Percentage of Studio Filming: %

Percentage of productions anticipated outside of Canada: %

List Countries:

Do you own any Property? Yes No If yes, please provide total value: \$

(Please provide a list of owned property)

Please provide details on protection and security of equipment/property while in use (on location/during transport) and while stored/not in use.

Please provide the following location details of your premises:

Building: Fire Resistive Non-Combustible Brick Joist Other, please describe:

Year built:

Fire Protection:

- Hydrant within 300m Fire Department within 8km Fire Alarm (local) Fire Alarm (Central)
 Full Sprinkler Protection Partial Sprinkler Protection Connected to 24hr Monitoring Station

Security Protection: Deadbolt Alarm

If Alarm, is it Centrally Monitored? Yes No

If Other protection (e.g. security guard, fob building access, etc.), please describe:

Do you rent property to others? Yes No

If Yes, describe:

What are the annual receipts?

Please provide a copy of your rental contract.

Do you do any editing or special effects for others? Yes No

If Yes, please describe and provide annual receipts:

Negative/Faulty Coverage

Name and address of:

(a) Studios to be used:

(b) Laboratory to be used:

(c) Vaults to be used:

(d) Cutting Rooms to be used:

Negative to be transported to processing lab: Via: Frequency:

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:

Explain the procedures that the applicant follow in testing cameras, lenses, raw stock, and equipment to prove them to be sound prior to commencement of filming or taping:

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

(a) Estimated time required to reconstruct destroyed set or scenery:

(b) Estimated time required to replace lost or destroyed equipment:

(c) What other location or studio facility would be immediately available?

Third Party Property Damage Coverage

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:

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
- Use of trains or railroads
- Expensive antiques or autos
- Other dangerous auto scenes
- Use of aircraft, helicopters or balloons
- Underwater filming
- Use of animals
- Auto chase scenes
- Filming above fifty feet
- Other stunts or hazards
- Filming near/on water
- Use of pyrotechnics
- Auto crash scenes
- Underground filming

- 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.

Limits of Liability and Deductibles:

| Coverage | Limit of Liability | Deductible |
|-------------------------------|--------------------|------------|
| Props, Sets and Wardrobe | \$ | \$ |
| Fine Arts, Jewelry, etc. | \$ | \$ |
| Animals | \$ | \$ |
| Extra Expense | \$ | \$ |
| Third Party Property Damage | \$ | \$ |
| Miscellaneous Equipment | \$ | \$ |
| Rented | \$ | \$ |
| Owned – Fixed | \$ | \$ |
| Owned – Mobile | \$ | \$ |
| Office Contents | \$ | \$ |
| Electronic Data Processing | \$ | \$ |
| Hired Auto – Per Vehicle | \$ | \$ |
| Hired Auto – Aggregate | \$ | \$ |
| Money and Currency | \$ | \$ |
| Negative/Video/Media | \$ | \$ |
| Faulty Stock & Processing | \$ | \$ |
| Cast | \$ | \$ |
| Other: | \$ | \$ |
| Other: | \$ | \$ |
| Other: | \$ | \$ |
| Commercial General Liability: | \$ | \$ |
| Umbrella Liability | \$ | \$ |

Desired Effective Date:

Expiration Date:

IMPORTANT

The Negative Film and Faulty Stock Coverage Forms contains an important representation in connection with artwork and drawing for animated productions; a representation that the cameras, lenses and related equipment are to be fully tested; as well as coverage limitation with respect to the accumulation of unprocessed negative film.

Signing this application does not bind the applicant or insurer 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.

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

Date Signed:

Applicant's Signature

By:

Title:

Account Executive:

Brokerage Firm:

Address:

Phone:

Email: