



Intact Insurance Company

PRODUCTION POLICY APPLICATION

Name of Applicant:

Address:

Telephone:

Email:

Applicant is: Individual Partnership Corporation Other

If other, please explain:

President:

Vice President:

List of Prior Productions:

List of Previous Insurer(s) for such Productions:

Has any form of insurance ever been cancelled or declined: YES NO

If "Yes", please explain:

Previous Loss Experience of the Director and Producer in the past five (5) years:

Title of the production:

Type of production

Feature

MOW

Mini Series

Series

Pilot

Documentary

Special

Other

Number of Episodes (if series):

Running time:

Type of Story, period and story line:

Please provide the name and previous experience, or attach a resume, for the person(s) involved in the following:

Director(s):

Producer(s):

Production Manager(s):

Stunt Coordinator(s):

Special Effects Coordinator(s):

Pyrotechnician(s):

Wrangler(s):

Completion Bond Company:

Distributor/Broadcaster:

Financing Sources:

Filming Locations and time spent at each location: (Or attach a location schedule.):

Stunts, Hazards and Special Effects: None

If you mark any of the below (☐), please provide the following (a. to e.):

- (a) Page and Scene Number in the Script.
- (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 the person we should contact.
- (e) Complete the separate supplemental application(s) if required.

- | | | |
|---|--|---|
| <input type="checkbox"/> Use of Watercraft | <input type="checkbox"/> Under Water Filming | <input type="checkbox"/> Filming Near Water |
| <input type="checkbox"/> Use of Trains/Railroads | <input type="checkbox"/> Use of Motorcycles | <input type="checkbox"/> Expensive Antiques/Autos |
| <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Auto Crash Scenes | <input type="checkbox"/> Dangerous Auto Scenes |
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Underground Filming | <input type="checkbox"/> Filming Above 50ft. |
| <input type="checkbox"/> Use of Aircraft/Helicopters/Balloons | <input type="checkbox"/> Use of Antiques/Jewelry/Fine Arts | |
| <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Other Stunts/Hazards, Describe: | |

Production Schedule

Start

End

Pre-Production Period:

Principal Photography Dates:

Post-Production Period:

Hiatus Periods:

Number of Shooting Days:

Completion of Protection Print:

Air Date:

Do you plan on filming before or after principal photography? YES NO

If "Yes", please provide estimated dates: Start: End:

(Please notify us in the event any of the above dates are changed)

Estimated Cost of Production: (Please attach a complete copy of your budget)

Complete Production

Per Episode

Total Budget

Story/Scenario

Music/Sound Rights/Royalties

Post Production Costs:

List any other expenses or producer fees you wish to exclude:

Net Insurable Production Cost:

Estimated Daily Cost

Below the Line Production Cost:

The following costs are excluded from Coverage, please mark those you would like to include:

- | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Story Rights | <input type="checkbox"/> Music Rights | <input type="checkbox"/> Scenario | <input type="checkbox"/> Royalties |
| <input type="checkbox"/> Contingency | <input type="checkbox"/> Overhead | <input type="checkbox"/> Interest | <input type="checkbox"/> Bond |
| <input type="checkbox"/> Premiums paid for this insurance | | <input type="checkbox"/> Other | |

Extended Pre-Production Cast Coverage

Person to be Insured	Role/Position	Age	Coverage Period	Limit of Liability
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Are employment contracts "pay or play"? YES NO

Do employment contract contain "tie-in" arrangements? YES NO

Cast Coverage

Number of Cast Members:

Person to be Insured/Role	Artist Start Date	Age	Coverage Date Desired	Stop Dates
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Are any persons to be covered involved in any hazardous activity? YES NO

If "Yes", please explain:

Are there any special conditions, contract requirements or stop dates on the persons to be covered? YES NO

If "Yes", please attach a copy of the contract (i.e.: Essential Element)

Are any of the covered persons functioning in a dual capacity? YES NO

If "Yes", please explain:

Are you using re-enactors? YES NO

If "Yes", please explain:

Are any non-employees (contestants, etc.) involved in the production? YES NO

If "Yes", please explain:

Negative/Faulty Coverage:

Production is on: 16 mm 35 mm 70 mm Video Digital
 Other:

Are special computer-generated graphics, animation or other process involved? YES NO

If "Yes", please explain:

Name and Address of the Lab/Studio performing the effects:

Name and Address of processing/post laboratory:

How frequently will film/media be developed/viewed and how will it be transported?

Will entire original negative be shipped at one time? YES NO

Will you be using any specialized Computer Programs to create any images or effects? YES NO

If "Yes", please explain and name the software:

Will you be using any special film or cameras? YES NO

If "Yes", please explain:

Will new experimental technology and/or equipment be used? YES NO

If "Yes", please provide details and values:

Names and qualifications of persons experienced in this technology/equipment:

Will the highest standard industry procedures be used to fully test cameras, lenses and equipment until proved to be sound prior to commencement of filming? YES NO

Props, Sets, and Wardrobe Coverage:

Value Owned:

Value Rented:

Are there any items with an insurable value in excess of \$100,000 each? YES NO

If "Yes", please explain:

Are there any items of antiques, works of art, furs, jewellery, precious or semiprecious stones, metals, alloys in excess of \$25,000 each?

YES NO

If "Yes", please explain:

Any special sets being constructed? YES NO

If "Yes", please describe and advise the value:

Estimated time to reconstruct sets:

What other locations/facilities will be immediately available?

Description of Property/Facilities used in connection with the production where values are in excess of \$1 million for which the applicant may be responsible for:

Protection and security details on Props, Sets, and Wardrobe:

Miscellaneous Equipment Coverage:

Value Owned:

Value Rented:

Are there any items with an insurable value in excess of \$250,000 each? YES NO

If "Yes", please explain:

Estimated time to replace equipment:

Where is the equipment kept when not in use?

Protection and security details on Equipment:

Office Contents:

Value Owned:

Value Rented:

Insurance Coverages – Limits of Liability and Deductibles

Coverage	Limit of Liability	Deductible
Cast Coverage:		
Props, Sets and Wardrobe:		
Extra Expense:		
Third Party Property Damage:		
Miscellaneous Equipment		
Office Contents		
Electronic Data Processing		
Hired Auto – Per Vehicle		
Hired Auto – Aggregate		
Extra Expense		
Money and Currency		
Negative/Video/Media		
Faulty Processing		
Other:		
Other:		
Other:		
Commercial General Liability:		
Umbrella Liability:		
Non Owned and Hired Automobile		
Liability: Limit:		
Cost of Hire:		
Production Vehicles		
Commercial Vehicles		
Picture Vehicles		
Other Coverages:		

Please provide a copy of the synopsis, script, budget and production calendar with this application.

Signing this application does not bind the applicant or the insurer to complete the insurance, but 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 represents the true statement of facts.

Applicant's Signature:

Date Signed:

By:

Title:

Account Executive:

Brokerage Firm:

Address:

Phone:

Email:

Telefax: