



DICE PRODUCTION APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [ ] Individual [ ] Partnership [ ] Corporation [ ] Limited Liability Company
4. Years in Business?
5. Types of productions:
6. Estimated Gross Annual Production Costs:
7. Percentage of location filming:
8. Average/maximum number of days spent filming/taping each production:
9. Average/maximum number of days spent filming/taping to date of protection print/completion of master videotape:
10. Are negatives transported to processing lab less than daily?
11. Are any special film processes or equipment to be use, i.e.



12. Description and values at risk: *Indicate whether owned or rented and give highest dollar amounts of Equipment in your Care, Custody & Control at any one time.*

	OWNED	RENTED	LIMIT DESIRED
A. Props, Sets & Wardrobe	\$ _____	\$ _____	\$ _____
B. Extra Expense			\$ _____
C. Third Party Property Damage			\$ _____
D. Miscellaneous Equipment <i>(Including Lighting, Electrical, Sound)</i>	\$ _____	\$ _____	\$ _____
E. Negative – Master <i>(Limit should match highest production values without prints at any one time)</i>			\$ _____
F. Faulty Stock, Camera & Processing			\$ _____
G. Office Equipment <i>(Including Tenant's Improvements-Betterments)</i>	\$ _____	\$ _____	\$ _____

12. How is the equipment protected from theft? (Explain precaution in detail at premises where normally stored and on location):

\_\_\_\_\_

13. Estimated longest length of time to reconstruct or replace property such as camera equipment, sets or locations.

\_\_\_\_\_

- a. Estimated number of productions with foreign locations: \_\_\_\_\_
- b. Please specify countries: \_\_\_\_\_

14. SPECIAL HAZARDS & UNUSUAL LOCATIONS

Policies contain certain restrictions &/or limitations of coverage with respect to "SPECIAL HAZARDS" & "UNUSUAL LOCATIONS." In order for us to provide adequate coverage for you, you must advise us in advance if "SPECIAL HAZARDS" & "UNUSUAL LOCATIONS" which will exist such as the following:

- Animals       Watercraft       Aircraft       Railroads       Stunts  
 Foreign Locations       Dance or Athletic Scenes       Underwater Filming  
 Auto Chase Scenes or Stunts       Or anything which could be considered dangerous.

Specify: \_\_\_\_\_

Unusual locations such as:  Public Utilities Premises  Public Transportation  
 Resort Arenas  Marinas & Docks       Offshore Oil Platforms

Other (specify): \_\_\_\_\_

16. Does the applicant distribute video cassettes or any other material?       Yes     No  
 If yes, please provide details (i.e. items distributed, gross receipts, and product brochures)

\_\_\_\_\_

17. Does the applicant edit or process film or videotape for others?     Yes     No  
 If so, provide gross receipts \$ \_\_\_\_\_

18. Does the applicant engage in other activities: i.e. Sales Promotions, Live Presentations, Slide Presentations, Animation, etc.     Yes     No



If so, provide gross receipts \$ \_\_\_\_\_

19. Does the applicant rent equipment and/or props to others?  Yes  No

If so, provide gross receipts \$ \_\_\_\_\_

20. Has this production company or any of its officers, directors, or partners ever had any similar insurance cancelled or declined?  Yes  No If yes, explain: \_\_\_\_\_

21. Previous Insurance Company and policy number: \_\_\_\_\_

Any losses (whether insured or not) in the last three years?  Yes  No

If yes, give details: i.e. date, occurrence date, description, amount paid &/or received): \_\_\_\_\_

22. Show total gross payroll and fees by State of hire:

Cast: \_\_\_\_\_

Production Crew: \_\_\_\_\_

Office/Clerical: \_\_\_\_\_

Post Production: \_\_\_\_\_

Other: \_\_\_\_\_

Note: Independent Contractors/Sub-Contractors must show you proof (in the form of a Certificate of Insurance) that they have Workers' Compensation Coverage otherwise they will automatically be included under your policy.

23. Are Production members under union contract?  Yes  No

Which unions? \_\_\_\_\_

24. Desired effective date of policy: \_\_\_\_\_ Term: \_\_\_\_\_

Signing this application does not bind the applicant or the Company to complete the insurance, but it is 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.

WARRENTY It is warranted, as a condition of insurance that the insured will test all camera equipment prior to commencement of principal photography; and, if transit to location is involved, camera equipment will be tested by the Insured prior to principal photography.

"Any person who knowingly and with intent to defraud any Insurance Company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act; which is a crime." 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.

Signature:

\_\_\_\_\_

Tel.#:

\_\_\_\_\_

Print name:

\_\_\_\_\_

Fax #:

\_\_\_\_\_

Date:

\_\_\_\_\_

Fed. I.D. #:

\_\_\_\_\_

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