



FILM INSURANCE APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [] Individual [] Partnership [] Corporation [] Limited Liability Company
4. Years in Business?
5. Experience of Applicant & Director (examples):
6. Title of Production:
7. Storyline/Synopsis of Production:
8. Describe any stunts, under water, over water, aerial or other hazardous filming:
9. Will you use/rent/have: animals ___ boats ___ helicopters ___ airplanes ___ auto chases/stunts ___ explosive/pyrotechnics ___ cranes ___
10. Production personnel are: ___ Union Members ___ Non-Union Members
11. Studio/Stages:
12. Laboratory & vault to be used:
13. Editing Facility:
1. Negative Match-up:
Negative films to be transported to processing lab:
(a) Via:
(b) If not daily, explain in detail how frequently film will be developed and viewed:

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15. Any special film processing i.e. 16mm to 35mm, etc. _____

16. Has a completion Bond been arranged in the event production exceeds budget? [] Yes [] No.
(If yes, name of guarantor)

1. Release or Distribution Organization: _____

2. Production Schedule	Date	Duration
Commencement of pre-production:	_____	_____
Commencement of principal photography:	_____	_____
Estimated Completion of Protection Print:	_____	_____

3. Estimated Costs:

(a) Total Budget (attach Budget): \$ _____

(b) Story and Scenario: \$ _____

(c) Music & Sound Rights & Royalties: \$ _____

(d) Total Negative Cost (a less b & c): \$ _____

(e) Post Production Costs: \$ _____

(f) Net Insurable Production Costs (d less e): \$ _____

(g) Below-the-line Cost: \$ _____

20. Indicate if any of the following items are to be insured:

(a) Story ____ (b) Scenario ____ (c) Music Rights ____
 (d) Sound Rights ____ (e) Royalties ____ (f) Continuity ____

21. Percentage of Direct Cost included as Overhead, (If any): _____

22. Explain Amount of Deferments, (If any):

23. Person(s) to be Insured and Date of Birth

(1) _____ / _____ (5) _____ / _____
 (2) _____ / _____ (6) _____ / _____
 (3) _____ / _____ (7) _____ / _____
 (4) _____ / _____ (8) _____ / _____

Note: Coverage for accident only until medical is submitted.



24. Limits	Maximum Value at any one time	Deductible
A Cast Insurance	\$ _____ (Gross Budget)	\$ _____
B Negative/Videotape	\$ _____ (Gross Budget)	Nil
C Faulty Stock, Camera & Processing	\$ _____	\$ 10% of Loss Min. of \$ _____ Max. of \$ _____
D Props, Sets & Scenery Costumes & Wardrobe	\$ _____	\$ _____
Jewelry & Fine Arts	\$ _____	\$ _____
E Miscellaneous Equipment including cameras, sound, lights and similar equipment	\$ _____	\$ _____
F Extra Expense	\$ _____	\$ _____
G Third Party Damage	\$ _____	\$ _____
H Office Contents	\$ _____	\$ _____
I Cash on hand	\$ _____	\$ _____

25. Where will equipment be stored overnight? _____

26. Explain all security precautions taken to protect equipment?

27. (a) How will equipment be transported? _____

(b) If any overseas shipments, state complete details:

29. Will there be any props, equipment, vehicles or other individual items valued over \$125,000? ___ Yes ___ No
If yes, describe: _____

30. Estimated number and type of vehicles to be used: Private Passengers _____ Vans _____ Buses _____
Light & Medium Trucks _____

31. Time required for Props, Sets & Equipment coverage prior to and after Principal Photography:
Days Prior: _____ Days After: _____



32. Estimated time needed to reconstruct destroyed sets: _____

34. Estimated/gross salaries by State of Hire:

	Payroll	Country & State of Hire
Crew	\$ _____	_____
Cast	\$ _____	_____
Post Production Personnel	\$ _____	_____

35. Will you furnish transportation? Yes ____ No ____ Type _____
Maximum number of people traveling together _____

36. Prior Insurance Company _____ Policy No. _____

37. Describe any previous losses/claims made by producer or director:

38. Effective Date: _____ Expiration Date: _____

WARRANTY: 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.

PLEASE PROVIDE INSURANCE OFFICE WITH THE FOLLOWING:

- SHOOT SCHEDULE
- SYNOPSIS
- RESUMES
- BUDGET SUMMARY

Date: _____ Tel #: _____

Signed: _____ Fax #: _____

Print Name: _____ Fed. I.D. #: _____

Title: _____ Email _____

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