



TELEVISION APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [ ] Individual [ ] Partnership [ ] Corporation [ ] Limited Liability Company
President Vice President
Secretary Treasurer
4. Years in Business? (If less than 3 years, please provide resumes of principals)
5. Title of this production or series:
6. Indicate: pilot production, special production, regular series of productions or mini-series of productions and show running time (1/2 hour, 1 hour, 90 min., etc.):
7. If a series (regular or mini), indicate number of episodes:
8. Format of production(s):
9. Shooting schedule:
a) Rehearsals: Starting Date:
b) Principal Photography: Starting Date:
Estimated completion date:
10. 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: \$

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NEW YORK, NY 10016
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11. 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 \_\_\_\_\_

12. Percentage of Direct Cost included as Overhead, (If any): \_\_\_\_\_

13. Explain Amount of Deferrals, (If any):

\_\_\_\_\_  
\_\_\_\_\_

14. Estimated Date of Protection Material (all productions other than series): \_\_\_\_\_

15. Location(s) of filming: \_\_\_\_\_

\_\_\_\_\_

16. Transit Exposures:

Will any property be transported: [ ] Yes or [ ] No (If so, what and how)

\_\_\_\_\_

If any overseas shipments state complete details: (Please note CARGO is not covered by this policy)

\_\_\_\_\_

17. Who is financing the series? \_\_\_\_\_

18. Has the production (s) been sold to a sponsor? \_\_\_\_\_

19. List any special insurance requirements desired: \_\_\_\_\_

\_\_\_\_\_

20. INSURANCE LIMITS:

Props/Sets & Wardrobe

LIMIT OF LIABILITY: \$ \_\_\_\_\_

1. Description and values at risk:

Sets \_\_\_\_\_

Prop Cars \_\_\_\_\_

Antiques \_\_\_\_\_

Jewelry \_\_\_\_\_

2. Any individual items valued in excess of \$25,000?

(Explain) \_\_\_\_\_

\_\_\_\_\_

Where will these items be kept, how will they be protected and who will be responsible for them?

\_\_\_\_\_

\_\_\_\_\_





Miscellaneous Equipment

LIMIT OF LIABILITY: \_\_\_\_\_

(Camera, Sound or Lighting, etc)

1. Description and values at risk:

(a) Cameras \$ \_\_\_\_\_ Rented or owned? \_\_\_\_\_

(b) Lighting and electrical \$ \_\_\_\_\_

(c) Other \$ \_\_\_\_\_

2. Where will equipment be kept and how will it be protected?

\_\_\_\_\_  
\_\_\_\_\_

Extra Expenses

LIMIT OF LIABILITY: \$ \_\_\_\_\_

1. Estimated time required to reconstruct or replace unusual sets, scenery or equipment:

\_\_\_\_\_  
\_\_\_\_\_

2. What other studio facilities are or will be immediately available?

\_\_\_\_\_  
\_\_\_\_\_

3. Estimate time required to reconstruct or replace Unusual Sets, Scenery or Equipment, etc. in event of total destruction: \_\_\_\_\_

Property Damage Liability

LIMIT OF LIABILITY: \$ \_\_\_\_\_

1. Description of Locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Negative/Faulty Insurance

1. Gross Negative Cost (each production if a series) \_\_\_\_\_

2. Net Insurable Cost (each production if a series) \_\_\_\_\_

3. Below the line costs (each production if a series) \_\_\_\_\_

21. Any Watercraft, Aircraft, or other unusual exposures? *(If so, describe in detail)*

22. Provide Payroll & State of Hire

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

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

Post Productions: \_\_\_\_\_

23. CAST:

DIRECTOR: \_\_\_\_\_

List Principals Contracted for Continuing Roles

**Artist:**

**Age:**

*(Estimated if exact age unknown)*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_





4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

24. Does Insured furnish transportation to employees or others?  Yes  No  
Describe distances, frequency & maximum number of people in group traveling together. Type of transportation furnished (bus, air, etc.)

\_\_\_\_\_  
\_\_\_\_\_

25. (a) If any persons are performing hazardous duties, are they:  
 Independent Contractors  Employees  
(b) Submit copy of contract with Independent Contractors, &/or evidence of their other insurance coverages by Certificate of Insurance.

26. Has any form of insurance ever been canceled or declined?  Yes  No (If yes, please explain why)

\_\_\_\_\_  
\_\_\_\_\_

25. Previous Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_

26. Previous Loss Experience: \_\_\_\_\_

Date of Loss Amount Loss Type of Loss

\_\_\_\_\_  
\_\_\_\_\_

27. Desired Effective Date: \_\_\_\_\_

28. Desired Term of Policy: \_\_\_\_\_

*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.*

*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.*

29. Please provide the following documents along with this signed application.

- A. Copy of Script (except for Series)
- B. Copy of Budget Summary

*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. #: \_\_\_\_\_ Email: \_\_\_\_\_

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