

**MOTION PICTURE PRODUCTION  
PACKAGE APPLICATION**  
*(Use for Feature Film and Television Productions)*

**TheStPaul**

**APPLICANT INFORMATION**

1. Name of Production Company: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. The applicant is:  An Individual                       A Partnership                       A Corporation  
*(If the Applicant is a Corporation, please provide the following names)*

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

4. Director \_\_\_\_\_ Producer \_\_\_\_\_

Production Mgr. \_\_\_\_\_ Director of Photo. \_\_\_\_\_

5. Producer's Prior Productions:

Title

Insurance Carrier

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

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

6. Has the Producer had any Production Insurance declined or canceled in the past five years?  No  Yes  
*(if yes, explain)* \_\_\_\_\_

7. Losses over \$50,000 in the past five (5) years: \_\_\_\_\_

8. Source of Financing: \_\_\_\_\_

9. Release or Distribution Organization: \_\_\_\_\_

10. Completion Bond Company (if none, please state so): \_\_\_\_\_

11. Premium Audit Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

12. Title of the Production: \_\_\_\_\_

13. The Production is:

Feature Film for Theatrical Release

Television Production

Movie for Television

Pilot

Special

Series

Mini Series

Other \_\_\_\_\_

Running Time (e.g. 30 min, 60 min, 90 min): \_\_\_\_\_

Number of Series Episodes: \_\_\_\_\_

14. Type of Story (e.g. Drama, Comedy, Musical, Western): \_\_\_\_\_

Storyline: \_\_\_\_\_  
\_\_\_\_\_

15. Shooting Locations used during Principal Photography:

Description of Location (Including City, State, Country)	Period of time at Each location	
	From:	To:
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Medical Facility:

Describe arrangements made for First Aid and access to medical facilities and identify the person in charge and responsible for making arrangements: \_\_\_\_\_

17. The Production involves (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Use of Animals             | <input type="checkbox"/> Underwater Filming |
| <input type="checkbox"/> Motorcycles                | <input type="checkbox"/> Special Vehicles   |
| <input type="checkbox"/> Airborne Crafts            | <input type="checkbox"/> Waterborne Crafts  |
| <input type="checkbox"/> Railroad Cars or Equipment |   |

If any of the above are checked, describe in detail and attach to this application

- Pyrotechnics (Explosions, fire) Complete Supplemental Application  
 Stunts or Hazardous Activities Complete Supplemental Application

19. Estimated costs of each Production or Episode

- a) Total Budget (including budgeted deferrals): \$ \_\_\_\_\_
- b) Story/Scenario; Screenplay & Re-writing & associated costs: \$ \_\_\_\_\_
- c) Music, Sound Rights, Records and Royalties \$ \_\_\_\_\_
- d) Gross Insurable Production Costs (a minus b & c) \$ \_\_\_\_\_
- e) Post Production Costs: \$ \_\_\_\_\_
- f) Net Insurable Production Costs (d minus e) \$ \_\_\_\_\_
- g) Total Below The Line Costs \$ \_\_\_\_\_

Indicate if any of the following **Optional items** are to be insured

- Story/Underlying Rights, Screenplay, Re-Writes \$ \_\_\_\_\_
- Sound/Music Rights, Recording Costs \$ \_\_\_\_\_
- Indirect Overhead \$ \_\_\_\_\_
- Royalties \$ \_\_\_\_\_
- Other (describe): \_\_\_\_\_ \$ \_\_\_\_\_

## 20. Coverage Desired

**EXTENDED PRE PRODUCTION CAST PROTECTION**

	Described Artist	Role/Position	Age	Coverage Period	Limit of Coverage
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Total Limit: \_\_\_\_\_

Are employment contracts "Pay or Play"?  Yes  No

Do employment contracts contain "Tie-In" Arrangements?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?

Yes  No

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Note: Attach copy of Contract or Deal Memo for each person to be insured**

**PRINCIPAL PHOTOGRAPHY CAST PROTECTION**

	Described Artist	Age	Role/Position	Stop Date	
1.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": \_\_\_\_\_

\_\_\_\_\_

Period of Pre Production: From \_\_\_\_\_ Until \_\_\_\_\_

Period of Principal Photography: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Coverage to be effective: \_\_\_\_\_

**POST PRODUCTION CAST PROTECTION**

Described Artist	Age	Function or Responsibilities During Post Production	Coverage Period	Stop Date
1. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": \_\_\_\_\_

Period of Post Production: From \_\_\_\_\_ Until \_\_\_\_\_

**NEGATIVE FILM/ VIDEOTAPE**

Name and Location of:

- a) Processing Laboratory: \_\_\_\_\_
- b) Storage Vaults: \_\_\_\_\_
- c) Editing Facility: \_\_\_\_\_
- d) Post Production Facility: \_\_\_\_\_

Will original negative film material leave the above premises prior to the completion of a protection Print?

No  Yes (If yes, please explain) \_\_\_\_\_

Will the processing frequency during principal photography be on a daily basis?  Yes  No

If No, explain: \_\_\_\_\_

How will original negative material be transported from the filming location(s) to the processing laboratory?

Film Type (e.g. 35mm, 70mm) : \_\_\_\_\_

Is Videotape used in lieu of negative film?  No  Yes

Are Animation or Computer Generated Graphics used?  No  Yes

If Yes - Created or Generated by whom: \_\_\_\_\_ Locations: \_\_\_\_\_

Estimated completion date of protection print: \_\_\_\_\_

Coverage to be effective: \_\_\_\_\_ Limit of Coverage: \$ \_\_\_\_\_

**FAULTY STOCK, CAMERA AND PROCESSING**

Use of secondary market raw stock:  Yes  No

Will new experimental technology; cameras and/or equipment be used in the filming of the project?  Yes  No

If "Yes" please explain and provide names and qualifications of persons experienced in the technology:

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

Name and position of person(s) responsible for conducting testing of cameras and raw stock:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

\_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**PROPS, SETS AND WARDROBE**

Value of Owned: \_\_\_\_\_ Non-owned: \_\_\_\_\_

List items with an insurable value in excess of \$250,000 each: \_\_\_\_\_

\_\_\_\_\_

List any individual items of antiques, objects of art, rugs, furs, jewelry, precious or semi precious

stones/metals/alloys in excess of \$10,000: \_\_\_\_\_

\_\_\_\_\_

Name and position of person(s) responsible for security and protection of Props, Sets, and Wardrobe:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**MISCELLANEOUS EQUIPMENT**

Value of Owned: \_\_\_\_\_ Non-owned: \_\_\_\_\_

List any individual item(s) over \$250,000: \_\_\_\_\_

\_\_\_\_\_

Brief description of protection of property (fire fighting equipment, watchmen, etc.): \_\_\_\_\_

\_\_\_\_\_

Where will the equipment be kept during use? \_\_\_\_\_

Location to which the equipment will be returned when not in use: \_\_\_\_\_

Name and position of person(s) responsible for security and protection of equipment:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

Coverage required: From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**THIRD PARTY PROPERTY DAMAGE**

Brief description of property other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible: \_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**EXTRA EXPENSE** (as a result of loss of or damage to property or facilities used in connection with the production)

Estimated time needed to reconstruct destroyed key facilities, sets or scenery: \_\_\_\_\_

Estimated time needed to replace lost or destroyed equipment: \_\_\_\_\_

What alternative location or studio facilities would be immediately available? \_\_\_\_\_

Coverage required From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY**

Full Address of Premises/Location(s): \_\_\_\_\_

Value Owned: \_\_\_\_\_ Rented \_\_\_\_\_

Coverage required From \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**MONEY AND SECURITIES**

Maximum amount of cash on hand at any one location: \$ \_\_\_\_\_

Total cash on hand at all times at all locations: \$ \_\_\_\_\_

Name and position of person(s) responsible for the handling and safekeeping of money and securities:

(Name) \_\_\_\_\_ (Position) \_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until \_\_\_\_\_

Limit of Coverage \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

(for limits in excess of \$50,000 complete supplemental application)

**NON OWNED AND HIRED AUTO PHYSICAL DAMAGE**

Cost of Hire: Mobile Studio Units and Film Trucks \$ \_\_\_\_\_

Other than above \$ \_\_\_\_\_

Percentage of Private Passenger Vehicles  Less than 50% of all vehicles  
 Less than 25% of all vehicles

\_\_\_\_\_

**OTHER COVERAGES** (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
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**Attach Complete Budget, Synopsis and Script**

Signing this application does not bind the Applicant or the Company 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.

Any material change to the Company's exposure must be reported prior to coverage applying.

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

<p><b>ARKANSAS, FLORIDA, KENTUCKY, MICHIGAN, MINNESOTA, NEW JERSEY, AND NEW YORK FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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, and subjects the person to (NY: substantial) criminal and civil penalties.</p>
<p><b>COLORADO FRAUD WARNING:</b> It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>
<p><b>OHIO FRAUD WARNING:</b> Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<p><b>PENNSYLVANIA FRAUD WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.</p>

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_  
*(Authorized Representative)*

By: \_\_\_\_\_

Title: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Send completed application and all attachments to:*