

RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.

1. Name of Proposed Insured (as it should be stated on your policy if issued): _____

2. List other subsidiaries, affiliates and trade names to be included for insurance: _____

3. Principal Street Address, City, State, Zip Code: _____

4. Telephone: _____
()

5. Corporation Partnership Joint Venture Individual

6. Date purchased by present owner: _____

7. Estimated assets: \$ _____

8. Title of production to be insured: _____

Based on: Book Screenplay Original Material Other (Explain) _____

9. Anticipated air date: _____

10. Estimated gross receipts derived from the program: \$ _____

11. A. Form of production: check appropriate description

Motion picture for theatrical release

Motion picture for television release

Motion picture for cable TV release

Television pilot or special

Television musical/variety/comedy

Television drama

Television series

Number of episodes: _____

Television "mini-series"

Television docudrama

Radio program

Number of programs each week: _____

Number of weeks: _____

Theatrical stage presentation

Other (describe) _____

B. Source or production:

Entirely fictional

Based on actual facts or events

Combination fact and fiction

Based on another work. If so, please specify.

Other (fully describe) _____

C. Program or running time of production: _____

D. Intended territory or distribution of production: _____

12. Will there be any merchandising related to the production? Yes No

If yes and coverage is desired for this activity, please submit the following for review:

1) Anticipated gross annual revenues from merchandising.

2) Copies of contracts or license agreements with any distributors, suppliers, etc.

3) Brief description of the merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

13. Name of Producer: _____

Name of Executive Producer: _____

Name of Author or Writers: _____

14. Procedure:

A. Have all licenses and consents been obtained? Yes No

1. From copyright owners?

2. From music owners?

3. From performers or persons appearing in the film?

4. From writers and/or others?

B. Have musical rights been obtained? Yes No

1. Recording and synchronization rights?

2. Performing rights?

14. Procedure: (Continued)

C. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness in the production)?

Yes No If yes, explain:

D. Will any previously made video or film clips be used in this production? Yes No
If yes, have all necessary licenses and consents been obtained? Yes No

If no, explain:

E. Has a title report (title search and opinion) been obtained on each of the productions listed in question #8 above? Yes No

If yes, please submit a copy of each title report for the Company's review.

Please note that claims arising from the title of any scheduled production are not covered unless a title report is submitted to and approved by the Company and coverage is endorsed to the policy.

15. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

16. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

17. During the past three years, has any similar insurance been issued to the applicant?

Yes No If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium
---------	------------	--------	------------	----------------	---------

18. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? (Not applicable in Missouri.)

Yes No If yes, give details. Add attachment if needed.

19. Policy limit required: \$ _____ 20. Self-insured retention: \$ _____ Note: all policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD 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 IN NEW YORK SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____ (please type or print) Name _____ (signature of authorized representative)
Title _____ Date _____

To complete your application, please submit:

- List previous production works
- Current financial statement or annual report
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- Sample tape (preferably VHS or 3/4" tape) or copy of script
- Experience resume
- Copy of title report (title search and opinion)
- Description of procedure for checking for accuracy, infringements, etc.
- Description of procedure for processing unsolicited ideas, scripts, screenplays, etc.

Media/Professional Insurance
A division of Media/Professional Insurance Agency, Inc.
Two Pershing Square, Suite 800 • 2300 Main Street
Kansas City, Missouri 64108-2404
(816) 471-6118 Facsimile - (816) 471-6119

Agent or Broker:

Address, Zip Code:

Telephone:

We Insure Free Speech Worldwide®