

# Short Term Production Application

## Contact Information

Named Insured: \_\_\_\_\_

Entity Type:  Individual  Partnership  Joint Venture  LLC  Corporation

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Federal ID/Social Security #: \_\_\_\_\_

## Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Rap Music?  Yes  No

Is coverage required outside of the U.S. and Canada?  Yes  No

Any Prior Production With Any Losses of Any Kind?  Yes  No

## Production Details

Type of Production \_\_\_\_\_

Title of Production \_\_\_\_\_

Budget (Gross Production Cost) \_\_\_\_\_

Brief Description/Synopsis of Shoot \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cities & States of Shooting Locations \_\_\_\_\_

Coverage Dates of the Production \_\_\_\_\_

## For Music Videos Only

Type of Music \_\_\_\_\_

Music Decade \_\_\_\_\_

Artist Name \_\_\_\_\_

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## Coverage Options

### Property

Rented Equipment Limit	\$	
Props, Sets, Wardrobe Limit	\$	
Negative Film/Faulty Stock		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Extra Expense		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Third Party Property Damage		<input type="checkbox"/> None <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000

### General Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> \$1,000,000 / \$1,000,000 <input type="checkbox"/> \$1,000,000 / \$2,000,000 <input type="checkbox"/> \$2,000,000 / \$2,000,000 <input type="checkbox"/> \$3,000,000 / \$3,000,000 <input type="checkbox"/> \$4,000,000 / \$4,000,000 <input type="checkbox"/> \$5,000,000 / \$5,000,000
Blanket Additional Insureds/Certificates of insurance	Automatically Included
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

### Hired & Non-Owned Auto

Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000
Physical Damage \$125,000 per vehicle, \$500,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

### Workers Compensation

Workers comp required by SAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Cast	_____
Crew	_____
Volunteers	_____
Payroll W-2	_____
1099	_____
Deferred	_____
Other	_____
Payroll Company Name (if any)	_____
Officer 1 Name & Title	_____
Officer 2 Name & Title	_____

Signature:	Date:
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