

Film Production Liability Application

insurevents.com

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Your Company Name				Years Experience		
Your First Name		Your Last Name		Your Email Address		
Mailing Address			City		State	Zip
Daytime Telephone Number	Mobile Telephone Number	Fax Number		Your Website Address		

General Information

Type of Production (Commercial, Short, SAG Experimental, Feature, etc.)		Title of Production			
Shoot Date(s)	Shoot Times From: To:	Desired Effective Date of Policy		Desired Expiration Date of Policy	
Detailed Description of Production (Attach a copy of your synopsis)					
Budget \$			Total Number of Shoot Days		

Location Information

Name of Location						
Contact Person First Name		Last Name		Contact Person Email Address		
Mailing Address			City		State	Zip
Telephone Number		Fax Number		Who is Supplying Security?	Is Security Armed? <input type="radio"/> Yes <input type="radio"/> No	
Venue / Location Additional Insured Wording (Found in your rental agreement)						

Underwriting Information

List anyone else you need to name as Additional Insured on your policy (Check your contracts)

Describe First Aid / Medical Arrangements

Does shoot include any Stunts, Pyrotechnics, Aircraft, pools, lakes or other bodies of water, Car Races, Rides or other Hazardous Activities?

Yes No. If Yes, please explain:

Who was your Previous Insurance Company?

Premium Paid

\$

List all previous claims (Last 5 years) (Date of Loss, Description, and Amount Paid)

Option Not Wanted

Non-Owned & Hired Auto Option

Consider this option if your employees are using their vehicles on company business or you're renting / borrowing vehicles.

Number of Vehicles Rented or Borrowed	Number of Vehicles used by Employees	Total Cost to Rent Vehicles \$	Include Physical Damage <input type="radio"/> Yes <input type="radio"/> No
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Option Not Wanted

Property, Negative & Faulty, 3rd Party Property Option

Negative/Faulty covers you for damage to negatives, for faulty stock & for faulty cameras. Extra Expense reimburses you for out-of-pocket expenses as a result of damage to equipment. 3rd Party covers damage to locations.

Description of Equipment			Describe Protection, Security at principal location	
Value of Owned Equipment \$	Value of Rented Equipment \$	Value of Sets, Props & Wardrobe \$	Total Values \$	
Include Negative, Faulty Stock & Camera Processing <input type="radio"/> Yes <input type="radio"/> No		Include Extra Expense <input type="radio"/> Yes <input type="radio"/> No		Include 3 rd party Property Damage <input type="radio"/> Yes <input type="radio"/> No

Option Not Wanted

Workers' Compensation Option

Number of Cast	# of Crew	# of Volunteers	W-2 Total Payroll \$	1099 Payroll \$	Deferred Payroll \$	Other \$	SAG Required? <input type="radio"/> Yes <input type="radio"/> No
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Option Not Wanted

Weather Insurance Option

If your shoot would be affected by bad weather, consider buying Rain / Snow / Wind / Lightning coverage. Shoots dependent on the weather almost always buy this coverage.

Coverage Date(s)	Coverage Times From _____ To _____	Policy Limit \$	Include <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Lightning <input type="radio"/> Wind
Coverage Date(s)	Coverage Times From _____ To _____	Policy Limit \$	Include <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Lightning <input type="radio"/> Wind

Option Not Wanted

Production Cancellation Insurance Option

Broader than Weather Insurance or Extra Expense, it can cover cancellation due to damage to the location, terrorism, non-appearance of an actor, etc. With the information below, we will be able to give you a general idea on pricing. However, to receive a firm quote, a more detailed application will be required.

Is the Shoot Indoors? <input type="radio"/> Yes <input type="radio"/> No	If No, is the production area under a cover? <input type="radio"/> Yes <input type="radio"/> No	Would bad weather cause cancellation of your event? <input type="radio"/> Yes <input type="radio"/> No
List the Actors or other Key Persons and their Ages whose non-appearance would cause a delay in the production		

Application Warranty

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS OF THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

SIGNATURE OF APPLICANT

DATE

PRODUCER SIGNATURE

Application Notes / Additional Information

Notes

For Insurance Agents & Brokers Only

Your Company Name

Your First Name

Your Last Name

Your Email Address

Mailing Address

City

State

Zip

Daytime Telephone Number

Mobile Telephone Number

Fax Number

Your Website Address