

Chubb Group of Insurance Companies

15 Mountain View Road, Warren, New Jersey 07059

**FILM PRODUCERS RISK
COMMERCIAL PRODUCERS
POLICY APPLICATION**

1. Name of Production Company (Applicant): _____

2. Address: _____
3. Applicant is: Individual, Partnership, Corporation, the officers of which are:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____
4. Producer(s): _____ Director(s): _____
5. List prior productions and clients of Applicant: _____
 - (a) Previous Insurer: _____
 - (b) Has the Applicant ever had any form of insurance cancelled or declined? _____ If "yes", explain:

 - (c) Describe any previous losses of \$10,000 or more (insured or uninsured) sustained by the Producer:

6. Indicate whether Production is:
 - (a) Television Commercial
 - (b) Corporate or Industrial Filming
 - (c) Educational Film
 - (d) Music Video
 - (e) Infomercial
 - (f) All Other (describe): _____
7. Estimated number of productions to be produced annually: _____
8. Estimated gross annual production costs:
Tape \$ _____ Film \$ _____ Other \$ _____
Total \$ _____
9. Maximum cost any one production: \$ _____
10. Maximum length of any one production (# of weeks): _____
11. Maximum loss exposure in dollars any one occurrence: \$ _____
(total amount of production media/negative film without protection prints at any one time stored at one location)
12. Amount of overhead directly chargeable to the Production: \$ _____
13. Number or percent of productions to be filmed outside of the U.S. or Canada (list anticipated countries):

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14. Indicate financing source: _____

15. Ad Agency or release/distribution organization: _____

16. Production personnel are: Union Members Non-Union Members

17. Describe all shooting locations (include City & State or Province and number of weeks at each):

18. Describe all special stunts, scenes involving animals, underwater shooting, motorcycles, special vehicles, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives, or any other possibly hazardous activities (Use separate sheet, if necessary):

19. Describe all arrangements made for first aid and access to medical facilities, and identify the person(s) in charge of making arrangements (Use separate sheet, if necessary): _____

20. Describe all arrangements made for the security of cast and crew, and identify the person(s) in charge of making arrangements (Use separate sheet, if necessary): _____

ANIMATION ONLY

21. Please provide full details on animation process, duplication of material, locations, and protection of premises:

22. Person to contact for audit: _____ Telephone Number: _____

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23. Coverages Desired:

Cast Insurance (available only for endorsement to a specific production)

Persons to be Insured (indicate if other than Actor/Actress)	Age	Coverage Period
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide details of production for which Cast Insurance is requested: _____

Period of Principal Photography from: _____ until: _____

Limit of Liability: _____

Production Media (Negative/Videotape)

Name and location of:

(a) Laboratory to be used: _____

(b) Vaults to be used: _____

(c) Cutting rooms to be used: _____

Any special film processes, computer generated images, special effects, unique cameras (e.g., 3-D, Imax, 70mm, etc.):

Negative/Videotape to be transported to processing lab/post production facility:

Via: _____ Frequency: _____

Will any portion of original developed negative leave the above premises prior to completion of Protection Print?

Yes

No

Estimated completion date of Protection Print: _____

Limit of Liability: _____

Media Perils (Faulty Stock, Camera and Processing)

Will the applicant test cameras, lenses, raw stock, and equipment until proved to be sound prior to commencement of filming or taping (Explain procedures)?

Limit of Liability: _____

Props, Sets and Wardrobe

Value of Owned: _____ Rented: _____

Maximum anticipated construction cost of any one set: _____

List any antiques, objects of art, furs, jewelry, precious or semiprecious stones/metals/alloys in excess of \$10,000:

Limit of Liability: _____

Production Equipment

Value of Owned: _____ Rented: _____

List any item(s) over \$100,000: _____

Brief description of protection of property (fire fighting equipment, watchman, etc.): _____

Where will equipment be kept during use? _____

Location to which equipment will be returned when not in use: _____

Limit of Liability: _____

Care, Custody and Control (Third Party Property Damage)

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

Limit of Liability: _____

Damage To Property/Extra Expense (as a result of loss or damage to property or facilities used in connection with the production)

Estimated time needed to reconstruct destroyed sets or scenery: _____

Identify other locations or studio facilities that would be immediately available:

Limit of Liability: _____

Office Contents

Full addresses of premises/location(s):

Limit of Liability: _____

Money and Securities

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

Total cash on hand at all times at all locations combined: \$ _____

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

Full addresses of premises/location(s):

Commercial Vehicle Physical Damage (List any non-owned, hired, loaned or donated vehicles with estimated value in excess of \$100,000)

Vehicle	Estimated Value	Coverage Term
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cost of Hire:

Production Units (mobile studio units, RV's, motor homes, mobile broadcast units, charter coaches, camera cranes)

\$ _____

Trucks and Vans (maxi-vans, 4x4's, 5-10 ton vans, cube vans, film trucks, camera trucks, equipment vans, grip & lighting trucks)

\$ _____

High Valued Private Passenger Autos (private passenger autos valued greater than \$75,000)

\$ _____

Period Vehicles and Private Passenger Vehicles Valued at \$75,000 or less

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\$ _____

Special Vehicles (motorcycles, mopeds, dune buggies, golf carts)

\$ _____

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

24. Additional Coverages:

Subject to \$100,000 Blanket Aggregate:

- Library Stock
- Care, Custody or Control Legal Liability – Living Quarters
- Animals
- Office Contents – Additional Expense
- Seizure or Quarantine

Subject to Individual Limits:

Coverage	Default Limit	Increased Limit (if desired)
Civil Or Military Authority	\$25,000	
Imminent Peril	\$25,000	
Ingress And Egress	\$25,000	
Off Premises Services	\$25,000	
Strikes And Civil Protest	\$25,000	
Valuable Articles	\$25,000	
Preparation of Loss Fees	\$2,500	
	N/A	

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.

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.

Date: _____ Applicant: _____

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Tele. No.: _____

Contact: _____

Notice to New York Applicants

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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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Dated: _____

Name of Preparer: _____

Authorized Signature: _____

Tel. No. of Preparer: _____

Notice to Arkansas Applicants

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Applicants

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Colorado, District Of Columbia, Kentucky, Minnesota, Ohio and New Jersey Applicants

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties, included but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Notice to Florida Applicants

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Notice to Louisiana Applicants

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine Applicants

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Nebraska Applicants

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

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Notice to New Hampshire Applicants

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Notice to New Mexico Applicants

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to Pennsylvania Applicants

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.

Notice to Vermont Applicants

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, and the Policy may be voided.

Notice to Virginia Applicants

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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