

15.) Percentage of Direct Cost to be included as Overhead (if any): _____

16.) Percentage of productions to be filmed outside of the U.S. or Canada: _____

17.) Maximum cost any one production: \$ _____

18.) Maximum length of time any one production from start of photography to date of protection print: _____

19.) Average estimated length of time from start of photography to date of protection print of all productions to be insured: _____

20.) Maximum loss exposure in dollars any one occurrence: \$ _____
(total amount of negative film without protection prints at any one time stored at one location)

21.) **Description and values at risk:** (indicate whether owned or rented and give dollar breakdown:)

	OWNED	RENTED	TOTALS
		(Highest any one time)	
Props	\$ _____	\$ _____	\$ _____
Sets & Scenery	\$ _____	\$ _____	\$ _____
Wardrobe & Costumes	\$ _____	\$ _____	\$ _____
Cameras & Lenses	\$ _____	\$ _____	\$ _____
Sound & Recording	\$ _____	\$ _____	\$ _____
Electrical & Lighting	\$ _____	\$ _____	\$ _____
Editing & Projection	\$ _____	\$ _____	\$ _____
Other Equipment	\$ _____	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____	\$ _____

If any individual items valued in excess of \$25,000, give details: _____

22.) Negative to be transported to processing lab:

(a) Via: _____ (b) Frequency: _____

23.) Indicate Inventory Control Methods and who is responsible: _____

24.) Any mobile location studio vehicles used ? _____ Values: _____

Describe each unit in detail: _____

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

26.) Has any form of insurance ever been cancelled or declined ? _____ . If "yes" explain: _____

27.) Previous Insurer and Policy No.: _____

28.) Previous Loss Experience: _____

29.) **Coverages Desired:**

	Limit of Liability	Deductible
Negative/Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props \$ _____		
Sets & Scenery \$ _____	\$ _____	\$ _____
Costumes & Wardrobe \$ _____		
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing, Projection & Other Equipment	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Property Damage Liability	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____

30. Desired effective date of policy: _____ Term: _____

Signing this application does not bind the application or the company to complete the insurance, but it is 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: **Taylor & Taylor, Ltd.**

Address: **16 East 40th Street, 11th Floor**

New York, New York 10016

Contact: _____

Phone: (212) 490-8511

Fax: (212) 490-7236