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## SPECIAL ENTERTAINMENT PACKAGE POLICY APPLICATION

(Commercials, Documentaries, Industrial, Training & Educational Films, Short Subjects)

1.) Name of Production Company (Applicant): \_\_\_\_\_

2.) Address: \_\_\_\_\_

3.) Applicant is:  Individual,  Partnership,  Corporation, the officers which are:

President: \_\_\_\_\_, Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_, Treasurer: \_\_\_\_\_

4.) Experience of Applicant \_\_\_\_\_

5.) Indicate Financing Source or organization used: \_\_\_\_\_

6.) Release or Distribution organizations or Agencies used: \_\_\_\_\_

7.) Loss, if any, to be payable to: \_\_\_\_\_

8.) Productions are on  Film  Tape, or  Both \_\_\_\_\_ % Film  
\_\_\_\_\_ % Tape

9.) Production personnel are:  Union Members  Non-Union Members

10.) Names and addresses of:

(a) Studios to be used: \_\_\_\_\_

(b) Laboratories to be used: \_\_\_\_\_

(c) Vaults to be used: \_\_\_\_\_

(d) Cutting rooms to be used: \_\_\_\_\_

11.) Estimated number of productions to be produced annually: \_\_\_\_\_

12.) Estimated gross annual production costs:

Tape \$ \_\_\_\_\_ Film \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

13.) **Types of films to be produced:**  Documentaries  Commercials  Animated Films  
 Educational Films  Training Films  Other (Please Describe)

14.) Indicate if any of the following optional items are to be insured: \_\_\_\_\_

(a) Story  (c) Music Rights  (e) Royalties

(b) Scenario  (d) Sound Rights  (f) Continuity

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:)

	<b>OWNED</b>	<b>RENTED</b>	<b>TOTALS</b>
		(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: \_\_\_\_\_

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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:**

	<b>Limit of Liability</b>	<b>Deductible</b>
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: **90 Park Avenue** \_\_\_\_\_

**New York, New York 10016** \_\_\_\_\_

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

Phone: (212) 490-8511 \_\_\_\_\_

Fax: (212) 490-7236 \_\_\_\_\_