



ENTERTAINMENT MOTION PICTURE PRODUCTION PACKAGE APPLICATION

(Use for Special Producers)

APPLICANT INFORMATION

Note: This Application is submitted to Travelers Insurance Company of Canada (“TICC”) and St. Paul Fire and Marine Insurance Company (“SPFM”). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the *Insurance Companies Act* (Canada), this document is issued in the course of SPFM’s insurance business in Canada.

1. Name of Production Company: _____

2. Address (including postal/zip code): _____

3. The Applicant is: An Individual A Partnership A Corporation
(If the Applicant is a Corporation, please provide the following names):

President _____ Vice President _____

Secretary _____ Treasurer _____

4. Experience of Applicant (examples):

5. Years in this business: _____

6. (a) Previous Insurer: _____

(b) Has the Applicant ever had any Special Producers or similar insurance declined or cancelled in the past five (5) years? *(If Yes, please explain):* Yes No

(c) Describe any previous losses over \$10,000 (insured or uninsured) sustained by the Producer in the past five (5) years: _____

7. Premium audit contact: _____ Phone No.: () _____

8. Productions are on: Film Tape Both: % Film % Tape

9. Production personnel are: Union members Non-union members

10. Estimated number of productions to be produced annually: _____

11. Estimated gross annual production costs:
Tape: _____ Film: _____ Total: _____

12. Is any post-production work done for others? Yes No

Estimated annual receipts: \$ _____ (Attach a copy of contract)

13. Types of films to be produced:
 Commercials Documentaries Educational Films Training Films
 Music Videos Animated Films Other *(please describe):* _____

14. Maximum cost any one production: \$ _____

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

16. Maximum length of time any one production from start of photography to date of protection print: _____
 (If over ninety (90) days, please explain): _____
17. Average estimated length of time from start of photography to date of protection print of all productions to be insured: _____
18. Are projects scheduled or anticipated to be produced outside of the provinces of Canada, the United States, Western Europe, Australia and New Zealand? Yes No
 If Yes, please explain: _____

COVERAGE REQUESTED

NEGATIVE FILM/VIDEOTAPE

Name and location of principal:

- (a) Laboratories to be used: _____
- (b) Vaults to be used: _____
- (c) Cutting rooms to be used: _____
- (d) Average distances of shooting locations to laboratory: _____

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc.) Yes No

Limit of Coverage: \$ _____

FAULTY STOCK, CAMERA AND PROCESSING

Explain procedures the Applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping: _____

Number of days filmed material is accumulated prior to processing: _____

Limit of Coverage: \$ _____ Deductible: \$ _____

PROPS, SETS AND WARDROBE

Full 100% Value of owned: \$ _____ (Attach schedule)

Rented: _____ (Maximum value at any one time)

Limit of Coverage (owned): \$ _____ Deductible: \$ _____

Limit of Coverage (rented): \$ _____ Deductible: \$ _____

MISCELLANEOUS EQUIPMENT

Full 100% Value of owned: \$ _____ (Attach schedule)

Rented: _____ (Maximum value at any one time)

Brief description of protection of property on the Applicant's premises; (fire fighting equipment, watchman, alarm, etc.) _____

Location to which miscellaneous equipment and props, sets and wardrobe will be returned when not in use: _____

Limit of Coverage (owned): \$ _____ Limit of Coverage (rented): \$ _____

THIRD PARTY PROPERTY DAMAGE

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

Limit of Coverage: \$ _____ Deductible: \$ _____

EXTRA EXPENSE (as a result of loss or damage to property or facilities used in connection with the insured production(s))

Estimated time needed to reconstruct destroyed sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

What alternative location or studio facilities would be immediately available? _____

Limit of Coverage: \$ _____ Deductible: \$ _____

BUSINESS PERSONAL PROPERTY

Full address of premises/location(s): _____

Full 100% value of owned: _____ (attach schedule)

Limit of Coverage (owned): \$ _____ Deductible: \$ _____

Rented: _____ (maximum value at any one time)

Limit of Coverage (owned): \$ _____ Deductible: \$ _____

AUTOMOBILE PHYSICAL DAMAGE

Cost of hire: Mobile studio units and film trucks: \$ _____

Other than above: \$ _____

Percentage of private passenger vehicles: Less than 50% of all vehicles
 Less than 25% of all vehicles

OTHER COVERAGES (Please describe):

IMPORTANT

1. This policy does NOT cover the Insured for costs in excess of twenty-five thousand (\$25,000) for talent, services or facilities provided by others and not budgeted and paid for by the Insured, unless specifically declared and endorsed onto the policy.
2. The Negative Film and Videotape Coverage Form contains an important representation in connection with artwork and drawings for animated productions; a representation that the cameras, lenses and related equipment are to be fully tested; as well as a coverage limitation as respects accumulated unprocessed negative film in excess of five (5) shooting days.

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 in the true statements of the facts.

Date: _____ Applicant: _____
(Authorized Representative)

By: _____ Title: _____

Broker/Agent: _____ Address: _____

Contact: _____ Telephone No.: _____

Please send completed application with any attachments.