



ENTERTAINMENT MOTION PICTURE PRODUCTION PACKAGE APPLICATION

(Use for Feature Film and Television Productions)

APPLICANT INFORMATION

Note: For purposes of the *Insurance Companies Act* (Canada), this document was issued in the course of St. Paul Fire and Marine Insurance Company'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	_____
Director	_____	Producer	_____
Production Manager	_____	Director of Photography	_____

4. Producer's Prior Productions:

<u>Title</u>	<u>Insurance Carrier</u>
_____	_____
_____	_____

5. Has the Producer had any Production Insurance declined or cancelled in the past five (5) years? (If Yes, please explain): Yes No

6. Losses over \$50,000 in the past five (5) years: _____

7. Source of financing: _____

8. Release or distribution organization: _____

9. Completion bond company (If none, please state so): _____

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

11. Title of the Production: _____

12. The Production is:

Feature film for theatrical release

Television Production

Movie for television

Pilot

Special

Series

Mini-series

Other: _____

Running time (e.g. 30 min., 60 min., 90 min.) _____ Number of series episodes: _____

13. Type of story (e.g. Drama, Comedy, Musical, Western): _____

Storyline: _____

14. Shooting locations used during Principal Photography:

Description of Location

(Including City, Province/State, Country)

Period of time at each Location

From:

To:

15. Medical Facility:

Describe arrangements made for first aid and access to medical facilities and identify the person in charge and responsible for making arrangements: _____

16. The Production involves (Check all that apply):

Use of Animals

Underwater Filming

Motorcycles

Special Vehicles

Airborne Crafts

Waterborne Crafts

Railroad Cars or Equipment

If any of the above are checked, describe in detail and attach to this Application.

Pyrotechnics (Explosions, Fire)

Complete Supplemental Application

Stunts or Hazardous Activities

Complete Supplemental Application

17. Estimated costs of each Production or Episode:

(a) Total budget (including budgeted deferments): \$ _____

(b) Story/scenario; screenplay and re-writing & associated costs: \$ _____

(c) Music, sound rights, records and royalties: \$ _____

(d) Gross insurable Production costs (a minus b & c) \$ _____

(e) Post Production costs: \$ _____

(f) Net insurable Production costs (d minus e): \$ _____

(g) Total below the lines costs: \$ _____

Indicate if any of the following **Optional Items** are to be insured:

Story/underlying rights, screenplays, re-writes: \$ _____

Sound/music rights, recording costs: \$ _____

Indirect overhead: \$ _____

Royalties: \$ _____

Other (Please describe): _____ \$ _____

COVERAGE REQUESTED

EXTENDED PRE-PRODUCTION CAST PROTECTION

	<u>Described Artist</u>	<u>Role/Position</u>	<u>Age</u>	<u>Coverage Period</u>	<u>Limit of Coverage</u>
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

Total Limit: \$ _____

Are employment contracts "Pay or Play"?

Yes No

Do employment contracts contain "Tie-In" arrangements? *If Yes, please explain:*

Yes No

Note: Attach copy of Contract or Deal Memo for each person to be insured.

PRINCIPAL PHOTOGRAPHY CAST PROTECTION

	<u>Described Artist</u>	<u>Age</u>	<u>Role/Position</u>	<u>Stop Date</u>
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": _____

Period of Pre-Production From: _____ Until: _____

Period of Principal Photography From: _____ Until: _____

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

Coverage to be effective: _____

POST PRODUCTION CAST PROTECTION

	<u>Described Artist</u>	<u>Age</u>	<u>Role/Position</u>	<u>Stop Date</u>
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes": _____

Period of Post Production - From: _____ Until: _____

NEGATIVE FILM/VIDEOTAPE

Name and location of:

(a) Processing Laboratory: _____

(b) Storage Vaults: _____

(c) Editing Facility: _____

(d) Post Production Facility: _____

Will the original negative film material leave the above premises prior to the completion of a protection Print? *If Yes, please explain:* Yes No

Will the processing frequency during principal photography be on a daily basis? Yes No

If No, please explain: _____

How will original negative material be transported from the filming location(s) to the processing laboratory?

Film Type (e.g. 35mm, 70mm): _____

Is videotape used in lieu of negative film? Yes No

Are animation or computer generated graphics used? Yes No

If "Yes", created or generated by whom: _____ *Locations:* _____

Estimated completion date of protection print: _____

Coverage to be effective: _____ Limit of Coverage: \$ _____

FAULTY STOCK, CAMERA AND PROCESSING

Use of secondary market raw stock? Yes No

Will new experimental technology; cameras and/or equipment be used in the filming of the project? Yes No

If Yes, please explain and provide names and qualifications of persons experienced in the technology:

Name and position of person(s) responsible for conducting testing of cameras and raw stock:

(Name): _____ (Position): _____

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

PROPS, SETS AND WARDROBE

Value of Owned: \$ _____ Non-owned: \$ _____

List items with an insurable value in excess of \$250,000 each: _____

List any individual items of antiques, objects of art, rugs, furs, jewellery, precious or semi-precious stones/metals /alloys in excess of \$10,000: _____

Name and position of person(s) responsible for security and protection of Props, Sets and Wardrobe:

(Name): _____ (Position): _____

Coverage required - From: _____ Until: _____

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

MISCELLANEOUS EQUIPMENT

Value of Owned: \$ _____ Non-owned: \$ _____

List any individual item(s) over \$250,000: _____

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

Where will the equipment be kept during use? _____

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

Name and position of person(s) responsible for security and protection of equipment:

(Name): _____ (Position): _____

Coverage required - From: _____ Until: _____

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

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:

Coverage required - From: _____ Until: _____

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

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 key facilities, sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

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

Coverage required - From: _____ Until: _____

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

BUSINESS PERSONAL PROPERTY

Full address of premises/location(s): _____

Value owned: _____ Rented: _____

Coverage required - From: _____ Until: _____

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

MONEY AND SECURITIES

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

Total cash on hand at all time and all locations: \$ _____

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

(Name): _____ (Position): _____

Coverage required - From: _____ Until: _____

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

(for limits in excess of \$50,000 complete supplemental application)

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):*

ATTACH COMPLETE BUDGET, SYNOPSIS AND SCRIPT

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.

Any material change to the Company's exposure must be reported prior to coverage applying.

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 complete application and send all attachments.