

DICE/Annual Productions Application

Description of Program: This application is used to insure multiple productions on an annual & renewable policy, up to \$5,000,000 in gross production cost.

Applicant Information

Named Insured: _____

Entity Type: Individual LLC LLP Corporation Non-Profit Trust

Country of Residency (if individual): _____

Country of Registration (all others): _____

Primary Address (no PO Box): _____

Mailing Address (if different to primary): _____

Contact Person: _____

Phone / Fax: _____

Email: _____

Website: _____

Year Business Established: _____

Federal ID/Social Security #: _____

Qualification Questions

| | | |
|--|------------------------------|-----------------------------|
| Will any production include include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any production include any Live Gangster Rap Music or Hard-Core/Soft-Core Porn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will any production activities take place outside of the U.S. and Canada? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any unprotected or open heights above 15 feet. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any employees supplied to or from an employee leasing operation (i.e. PEO) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you enter into any co-production arrangements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, explain: | | |

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Insurance History

Losses

Any losses in the past 3 years? (if yes, provide details) Yes No

| Policy Type/ Line of Business | Date of Loss | Description of Loss | Amount of Loss |
|----------------------------------|-----------------|---------------------|-------------------|
| | | | |
| | | | |
| | | | |

Prior Coverage

Any prior insurance? (if yes, provide details) Yes No

| Policy Type | Carrier | Policy # | Expiration Date | Premium |
|-------------|---------|----------|-----------------|---------|
| | | | | |
| | | | | |

Cancelled or Declined Insurance (not applicable in MO)

Any insurance declined or cancelled in the past 3 years? Yes No

If yes, provide details:

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Production Details

| | | |
|--|------------------------------|-----------------------------|
| Years of Industry Experience | | |
| Annual Gross Production Cost | | |
| Maximum Budget Per Production | | |
| Maximum Days Per Production | | |
| Cities & States of primary shooting locations | | |
| Any Shoots outside of the U.S. & Canada. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes: | | |
| Number of shoots outside U.S. & Canada | | |
| Aggregate days shooting outside U.S. & Canada | | |
| Aggregate production cost for shoots outside U.S. & Canada | | |
| Any Rental Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, annual receipts from rental operations | | |

Number of Productions for upcoming 12 months by category:

| | | | |
|------------------------------------|-------|---------------------------|-------|
| Animation | _____ | Music Video | _____ |
| Commercial/Promotional/Sales Video | _____ | Photography Shoot | _____ |
| Documentary/Interviews/Biography | _____ | Pick-up Shoot | _____ |
| Editing/Trailer | _____ | Pre/Post-production | _____ |
| Educational/Instructional/Training | _____ | PSA/Public Access Program | _____ |
| Feature Film | _____ | Reality Based TV Show | _____ |
| Independent Feature | _____ | SAG Production | _____ |
| Industrial/Corporate Video | _____ | Short Film | _____ |
| Infomercial | _____ | Spec Production | _____ |
| Miscellaneous productions | _____ | TV Pilot/Series/Specials | _____ |

Production Personnel

Enter the key personnel (executive producer, producer, director, etc.)

At a minimum, either the executive producer or producer must be listed.

| First & Last Name | Personnel Role | Drivers License # | State of Issue | Country of Residence |
|-------------------|--------------------|-------------------|----------------|----------------------|
| | Executive Producer | | | |
| | Producer | | | |
| | Director | | | |
| | | | | |
| | | | | |
| | | | | |

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Stunts and/or Hazardous Activities

(Visit <http://www.abacus.net/programs/annualproductions/stunts.aspx> for stunts & categories)

Will the production include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.

Yes No

If yes, the information below is required for each stunt/hazardous activity:

Production Details

Production Name _____
Type of Production _____
Gross Production Cost _____
Production Dates _____
Synopsis _____

Stunts

Type of Stunt _____
Detailed Description of Stunt _____
Date(s) of Stunt _____
Stunt Coordinators/Professionals, if any _____
Licensed? _____
Permits _____
Are permits required? _____
Have they been obtained? _____
Describe precautions taken for the safety of the public, participants and property _____
Any cast members involved/in close proximity _____
If vehicle(s) involved _____
of vehicles _____
Maximum speed _____
Any collisions, explosions _____

Animal Coverage

Type of Animal and breed if applicable _____
Value of Animal _____
Where will animal be housed during/after filming _____
Who is responsible during transport _____
Days of filming _____
Number of scenes _____
Any replacements for the animal and can they substitute at all times _____

Required Attachments & Notes:

- Attach Detailed synopsis of stunt, resume of stunt coordinator/pyrotechnician, permits
- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities
- For additional stunts in the same production, duplicate this page

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Coverage Options

Effective Date of Coverage _____

| Coverage | Limit | Deductible |
|---|---|------------|
| General Liability | | |
| Occurrence / Aggregate Limit | | n/a |
| Blanket Additional Insureds/Certificates of insurance | | n/a |
| City Certificates | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| Waiver of Subrogation | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| Scheduled Stunts | Complete attached schedule | |
| Scheduled Animals | Complete attached schedule | |
| Inland Marine | | |
| Rented Equipment (Camera, Lighting, Sound, etc.) | | |
| Rented Props, Sets, Wardrobe | | |
| Owned Equipment, Props, Sets, Wardrobe | | |
| Negative Film, Videotape & Digitalized Image | | n/a |
| Faulty Stock, Camera & Processing | Same as Negative Film | |
| Third Party Property Damage | | |
| Extra Expense | | |
| Office Contents | | |
| Automobile | | |
| Hired & Non-Owned Auto Liability | | n/a |
| Waiver of Subrogation | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | n/a |
| Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit) | | |
| Workers Compensation (available in CA, NY, FL, TX, NC, TN, NV, IL, CO) | | |
| Workers Comp required by SAG ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Waiver of Subrogation? | <input type="checkbox"/> Include <input type="checkbox"/> Exclude | |
| If included, provide cert holder name/address | | |

Number of Shoot Days _____

Payroll Company Name (if any) _____

Payroll

| Classification | # Full Time | # Part Time | Payroll |
|------------------|-------------|-------------|------------------------------|
| | | | (W-2, 1099, Deferred, Other) |
| Actors | | | |
| Crew | | | |
| Clerical | | | |
| Other (describe) | | | |

Listing of All Officers (to exclude from workers comp)

| First & Last Name | Date of Birth | SSN | Title |
|-------------------|---------------|-----|-------|
| Actors | | | |
| Crew | | | |
| Clerical | | | |
| Other (describe) | | | |

Signature: _____ Date: _____

