

# Short Term Production Application

## Contact 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 for primary): \_\_\_\_\_

Mailing Address (if different to primary): \_\_\_\_\_

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

Phone / Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Federal ID/Social Security # \_\_\_\_\_

## Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Gangster Rap Music, Hard-Core/Soft-Core Porn?  Yes  No

Any unprotected or open heights above 15 feet or employees  Yes  No

Any employees supplied to or from an employee leasing operation (i.e. PEO)  Yes  No

Is coverage required outside of the U.S. and Canada?  Yes  No

Confirm that only one production can be covered by the policies issued.  Yes  No

Any Prior Production With Any Losses of Any Kind?  Yes  No

## Production Details

Title of Production \_\_\_\_\_

Type of Production \_\_\_\_\_

Budget (Gross Production Cost) \_\_\_\_\_

(Maximum eligible budget is \$1,000,000)

Brief Description/Synopsis of Shoot \_\_\_\_\_

Cities & States of Shooting Locations \_\_\_\_\_

## For Music Videos Only

Type of Music \_\_\_\_\_

Music Decade \_\_\_\_\_

Artist Name \_\_\_\_\_

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## Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)  
At a minimum, either the executive producer or producer must be listed.

<b>Role</b>	<b>First &amp; Last Name</b>	<b>Drivers License #</b>	<b>State of Issue</b>	<b>Country of Residence</b>
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## Coverage Options

### Effective & Expiration Dates of Coverage

Up to 60 days within a 60 consecutive day period.

#### Inland Marine

Rented Equipment Limit	\$	
Owened Equipment Limit	\$	
Props, Sets, Wardrobe Limit	\$	
Negative Film/Faulty Stock (Limit equals the budget, up to \$250,000)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Extra Expense	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000
	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Third Party Property Damage	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000
	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,500,000
	<input type="checkbox"/> 2,000,000	

#### General Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> \$1,000,000 / \$1,000,000
	<input type="checkbox"/> \$1,000,000 / \$2,000,000
	<input type="checkbox"/> \$2,000,000 / \$2,000,000
	<input type="checkbox"/> \$3,000,000 / \$3,000,000
	<input type="checkbox"/> \$4,000,000 / \$4,000,000
	<input type="checkbox"/> \$5,000,000 / \$5,000,000
Blanket Additional Insureds/Certificates of insurance	Automatically Included
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

#### Hired & Non-Owned Auto

Liability	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$4,000,000
	<input type="checkbox"/> \$5,000,000
Physical Damage (Limit per vehicle/aggregate limit)	<input type="checkbox"/> 125,000 / 500,000

#### Workers Compensation

Workers comp required by SAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Shoot Days	
Number of Full time Cast/Crew	_____
Part Time Cast/Crew	_____
Payroll W-2, 1099, Deferred, Other	_____
Class Code(s)	_____
Payroll Company Name (if any)	_____
Officers to exclude (Name & Title)	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_