



*Take***1**  
INSURANCE

A DIVISION OF  
INNOVATION GROWTH  
PARTNERS SPECIALTY, LLC

**APPLICATION**

*D.I.C.E. Supplemental*

*(Documentary Industrial Commercial Educational)*

*CA License #0F82757*



## D.I.C.E. Supplemental

1. Applicant's Name:
2. Mailing Address:
City, State, Zip Code:
Premises Address:
Telephone: _____ Fax: _____
3. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other Please Explain: _____
4. Owner's Name & Title: _____ Audit Contact: _____ Insurance Coordinator: _____ Accountant: _____
5. Applicant's Experience in the business: _____
6. Type of Productions and Percentage of Activity: Music Videos _____ %    2nd Unit Filming _____ %    Industrials _____ %    Documentaries _____ % Commercials _____ %    CD-ROM/DVD _____ %    Computer Effects _____ % Travel Logs _____ %    Exercise Videos _____ %    Animation _____ %    Infomercials _____ % Documentaries/Infomercials, please describe in detail: _____ _____ _____ _____ _____ _____
7. Name three of your major clients or your last three clients: _____ _____ _____

8. Estimate Annual Gross Production Costs: \$ \_\_\_\_\_  
List any Expenses or Producer Fees you wish to exclude: \_\_\_\_\_  
\_\_\_\_\_

Percentage of Overhead not directly related to the productions to be included: \_\_\_\_\_ %  
Maximum cost any one production: \_\_\_\_\_  
Average daily production costs: \_\_\_\_\_

9. Do you distribute any of the items in question number six? If yes, please describe and provide annual receipts: \_\_\_\_\_  
\_\_\_\_\_

Do you distribute any products? If yes, please describe and provide annual receipts: \_\_\_\_\_  
\_\_\_\_\_  
(Attach a copy of the contract)

10. Percentage of productions outside country of origin: \_\_\_\_\_ %  
List Countries: \_\_\_\_\_  
Exchange Rate to be declared: \_\_\_\_\_ per \$1.00 / Country: \_\_\_\_\_

11. Percentage of Location Filming: \_\_\_\_\_ %      Percentage of Studio Filming: \_\_\_\_\_ %

12. Maximum length of time from start to the production print of a production: \_\_\_\_\_

13. Negative / Faulty Coverage:  
Percentage of productions on: Film: 35mm \_\_\_\_\_ % 16mm \_\_\_\_\_ % 60mm \_\_\_\_\_ %  
70mm \_\_\_\_\_ % Video \_\_\_\_\_ % Disc \_\_\_\_\_ % CD-ROM/DVD \_\_\_\_\_ % 3-D \_\_\_\_\_ %  
Will you be using any specialized computer programs to create any images or effects? If so,  
please explain and give the name of the software and provide values: \_\_\_\_\_  
\_\_\_\_\_  
Name and address of the lab/studio performing the effects: \_\_\_\_\_  
\_\_\_\_\_  
Name and address of processing/post laboratory: \_\_\_\_\_  
\_\_\_\_\_

14. Do you rent property to others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy of your rental contract. Annual rental receipts: \$ \_\_\_\_\_

15. Do you perform or set up multi-media events? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Estimated Costs: \_\_\_\_\_

16. Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide total value:

\$ \_\_\_\_\_

(If in excess of \$250,000 please attach an Acord Property application)

17. Please complete and attach Liability, Non-Owned & Hired Auto and Workers Compensation Acord applications with this form.

Vehicle Cost of Hire: \$ \_\_\_\_\_

Provide the name and phone number of your payroll service, if applicable: \_\_\_\_\_

Do you require a certificate of insurance from independent contractors and what are your requirements? \_\_\_\_\_

18. Has any form of insurance ever been cancelled or declined? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

19. Previous insurer and policy number: \_\_\_\_\_

20. Previous loss experience for the past three years (Attached company loss runs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Desired Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

22. Stunts, Hazards, and Special Effects:

Please indicate if any of your productions involve any of the following activities:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Use of Watercraft                    | <input type="checkbox"/> Under Water Filming | <input type="checkbox"/> Filming Near or on Water    |
| <input type="checkbox"/> Use of Aircraft/Helicopters/Balloons | <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Use of Trains/Railroads     |
| <input type="checkbox"/> Use of Animals                       | <input type="checkbox"/> Auto Chase Scenes   | <input type="checkbox"/> Expensive Antiques/Autos    |
| <input type="checkbox"/> Auto Chase Scenes                    | <input type="checkbox"/> Auto Crash Scenes   | <input type="checkbox"/> Other Dangerous Auto Scenes |
| <input type="checkbox"/> Filming above 50 feet                | <input type="checkbox"/> Underground Filming | <input type="checkbox"/> Other Stunts/Hazard         |

If any of the above items apply, please provide the following information:

- A. Description of the scene and story boards
- B. Details on where and how the scene will be performed
- C. Details of all safety features put in place to protect people and property
- D. Name and phone number of the stunt or special effects coordinator
- E. Additional questions may be asked later.

COVERAGE	LIMIT OF LIABILITY	DEDUCTIBLE
Props, Sets and Wardrobe	\$ _____	\$ _____
Fine Arts, Jewelry, etc.	\$ _____	
Extra Expense	\$ _____	\$ _____
Third Party Property Damage	\$ _____	\$ _____
Miscellaneous Equipment		
<i>Rented</i>	\$ _____	\$ _____
<i>Owned</i>	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____
Hired Auto Physical Damage Included		\$ _____ Min. \$ _____ Max.
Electronic Data Processing		
<i>Hardware</i>	Included	\$ _____
<i>Software</i>	\$ _____	
<i>Extra Expense</i>	\$ _____	
Money & Currency	\$ _____	\$ _____
Negative Film/Videotape	\$ _____	\$ _____ Min. \$ _____ Max.
Faulty Stock & Processing	\$ _____	\$ _____ Min. \$ _____ Max.
Other	\$ _____ \$ _____	\$ _____ \$ _____

Signing this application does not bind the applicant to purchase the insurance, but 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 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.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Position \_\_\_\_\_

Agent/Broker: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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