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INSURANCE

A DIVISION OF
INNOVATION GROWTH
PARTNERS SPECIALTY, LLC

APPLICATION

For Motion Picture and Television Companies

CA License #0F82757



P: 800.856.7035

F: 714.542.7931

1551 N. Tustin Ave., Suite 430 Santa Ana, CA 92705

Motion Picture/Television Production Application

General Information

1. Name of Production Company _____
 Production Office Address _____
 Phone # _____
 Officers _____

2. Parent Company(ies) _____
 Parent Company(ies) Address _____
 Phone # _____ Fax # _____
 Officers _____

3. Co-Production Company(ies) _____
 Officers _____

4. Title of Production _____

5. Type of Production
 Feature MOW
 Documentary Other _____
 Series Episodes _____ to _____ Running Time _____

Storyline

6. Producer _____ Director _____
 Director of Photography _____ Production Accountant _____
 Production Manager _____ Production Coordinator _____
 Stunt Coordinator _____ (Please provide resumé)
 Special Effects Coordinator _____ (Please provide resumé)

7. Source of Financing _____

8. Network/Distributor _____

9. Film Completion Bond Company _____

10. Policies to be issued in Canadian Dollars US Dollars Exchange Rate _____



11. Gross Production Cost	_____	Production Costs Not Insured:
Post Production	_____	Story/Scenario _____
2 nd Run Residuals/Buyouts	_____	Music (incl. in Post Prod) _____
Contingency	_____	Insurance _____
Below the Line	_____	Interest/Finance Costs _____
		Other Costs you do not wish to Insure (Describe) _____

	Net Insurable Cost	_____

12. Any optional items to be insured (e.g. story, sound, music) Yes No
 If so, provide details _____

Any Deferments? Yes No
 If so, provide details _____

13. Estimated Dates of Principal Photography Start _____ Finish _____
 Start Date of Pre-production _____ Est. Date of Protection Print _____
 # Days Principal _____

14. Locations/Days at Each _____

15. Value of Props/Sets/Wardrobe _____
 List any antiques, rugs, objects of art, furs, jewellery, precious or semi-precious stones in excess of \$25,000 None _____
 Estimated Time to Replace Props/Sets/Wardrobe: _____ Estimated Time to Reconstruct Sets _____
 Any special sets constructed Yes No If so, provide details and values
 o

16. Value of Equipment \$1M _____ Estimated Time to Replace Equipment _____
 Any one of a kind/special type of equipment used Yes No If so, provide details and values
 Standard coverage, sound and lighting gear _____



Insurance Coverage

25. *Production Package*

Coverage	Limits	Deductible	Expiry
Cast	_____	_____	_____
Negative Film	_____	_____	_____
Faulty Stock/Camera Processing	_____	_____	_____
Props/Sets/Wardrobe	_____	_____	_____
Miscellaneous Equipment	_____	_____	_____
Third Party Property Damage Liability	_____	_____	_____
Extra Expense	_____	_____	_____
Auto Physical Damage	_____	_____	_____
Office Contents	_____	_____	_____
Money & Securities	_____	_____	_____
Animal Mortality	_____	_____	_____

Extended Pre-Production Cast
(Artist/No. of Weeks/Limit)

No. of Cast Members to be Insured

Artists (Name/Age/Role)

Any stop dates in artists' contracts

Any Essential Elements

Any Special Endorsements



26. *Commercial General Liability*

Limits	\$1,000,000	each occurrence
•	\$2,000,000	general aggregate

27. *Non-Owned & Hired Automobile Liability*

Limit	\$1,000,000
Cost of Hire:	
Production Vehicles	_____
Commercial Vehicles	_____
Picture cars	_____

Stunts: Need name and telephone number of stunt coordinator

28. *Umbrella*

Limit _____

In excess of underlying CGL Including

- Employers Liability
- Non-Owned Automobile
- Automobile Liability
- Third Party Property Damage Liability
- Non-Owned Aircraft
- Tenant's Legal Liability

- Other \$ _____



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29. *US Workers' Compensation*

Executive Officers

Included Excluded

Federal ID No. _____

Payroll Service Company _____
& copy of certificate
evidencing coverage

Payroll

Production If any _____

Editing/Post _____

Clerical _____

• Other \$ _____

30. Prior Insurance

New Entity _____

Prior Loss Experience

31. Has the Applicant had any form of Insurance cancelled or declined in the last five years?

Yes No

If yes, provide details.



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32. *Errors & Omissions (Quote Only)*

Errors & Omissions Limits _____
Deductible _____

Term _____

Defense Cost Inside/Outside \$ _____

Merchandising _____
Provide details (type of items, estimated revenue)
Use separate sheet if necessary

Do you have outside parties to provide merchandising services? Yes No

Type of Production

Feature Film MOW Series Documentary Documentary Series

Category

Fictional Docudrama

Story Line See page 1

Clearance Attorney _____

Who should the E&O Application be sent to for completion? _____ Date _____
