



# ENTERTAINMENT MOTION PICTURE PRODUCTION PACKAGE APPLICATION

(Use for Feature Film and Television Productions)

## APPLICANT INFORMATION

**Note:** This Application is submitted to Travelers Insurance Company of Canada (“TICC”) and St. Paul Fire and Marine Insurance Company (“SPFM”). In the event a policy of insurance is issued by TICC, any references to SPFM shall be inapplicable. In the event a policy is issued by SPFM, then (i) any references to TICC shall be inapplicable, and (ii) for purpose of the *Insurance Companies Act* (Canada), this document is issued in the course of SPFM’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.***