



DICE PRODUCTION APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [] Individual [] Partnership [] Corporation [] Limited Liability Company
President Vice President
Secretary Treasurer
4. Years in Business? (If less than 3 years, please provide resumes of principals)
5. Types of productions:
[] Documentaries [] Industrials [] Mixed Media [] Music Videos
[] Commercials [] 2nd Unit Filming [] Educational
[] Other (describe):
6. Estimated Gross Annual Production Costs: \$
a) % Film % Tape
b) Estimated number of productions to be produced within policy term:
c) Maximum cost any one production: \$
7. Percentage of location filming: On Location: % Studio: %
8. Average/maximum number of days spent filming/taping each production: Avg.: Max.:
9. Average/maximum number of days spent filming/taping to date of protection print/completion of master videotape:
Avg. Film: Avg. Tape:
Max. Film: Max. Tape:
10. Are negatives transported to processing lab less than daily? [] Yes [] No (If not, please explain why)
11. Are any special film processes or equipment to be use, i.e.
[] Panavision [] Animation [] Cranes [] Portable Generators [] High Definition
[] Other:



12. Description and values at risk: *Indicate whether owned or rented and give highest dollar amounts of Equipment in your Care, Custody & Control at any one time.*

	OWNED	RENTED	LIMIT DESIRED
A. Props, Sets & Wardrobe	\$ _____	\$ _____	\$ _____
B. Extra Expense			\$ _____
C. Third Party Property Damage			\$ _____
D. Miscellaneous Equipment <i>(Including Lighting, Electrical, Sound)</i>	\$ _____	\$ _____	\$ _____
E. Negative – Master <i>(Limit should match highest production values without prints at any one time)</i>			\$ _____
F. Faulty Stock, Camera & Processing			\$ _____
G. Office Equipment <i>(Including Tenant's Improvements-Betterments)</i>	\$ _____	\$ _____	\$ _____

12. How is the equipment protected from theft? (Explain precaution in detail at premises where normally stored and on location):

13. Estimated longest length of time to reconstruct or replace property such as camera equipment, sets or locations.

a. Estimated number of productions with foreign locations: _____

b. Please specify countries: _____

14. SPECIAL HAZARDS & UNUSUAL LOCATIONS

Policies contain certain restrictions &/or limitations of coverage with respect to "SPECIAL HAZARDS" & "UNUSUAL LOCATIONS." In order for us to provide adequate coverage for you, you must advise us in advance if "SPECIAL HAZARDS" & "UNUSUAL LOCATIONS" which will exist such as the following:

- Animals Watercraft Aircraft Railroads Stunts
 Foreign Locations Dance or Athletic Scenes Underwater Filming
 Auto Chase Scenes or Stunts Or anything which could be considered dangerous.

Specify: _____

Unusual locations such as: Public Utilities Premises Public Transportation

Resort Arenas Marinas & Docks Offshore Oil Platforms

Other (specify): _____

16. Does the applicant distribute video cassettes or any other material? Yes No
 If yes, please provide details (i.e. items distributed, gross receipts, and product brochures)

17. Does the applicant edit or process film or videotape for others? Yes No
 If so, provide gross receipts \$ _____

18. Does the applicant engage in other activities: i.e. Sales Promotions, Live Presentations, Slide Presentations, Animation, etc. Yes No

475 PARK AVENUE SOUTH 17TH FLOOR

NEW YORK, NY 10016

T 212-702-3300 F 212-702-3333

WWW.VENTURAINSURANCE.COM





If so, provide gross receipts \$ _____

19. Does the applicant rent equipment and/or props to others? Yes No

If so, provide gross receipts \$ _____

20. Has this production company or any of its officers, directors, or partners ever had any similar insurance cancelled or declined? Yes No If yes, explain: _____

21. Previous Insurance Company and policy number: _____

Any losses (whether insured or not) in the last three years? Yes No

If yes, give details: i.e. date, occurrence date, description, amount paid &/or received): _____

22. Show total gross payroll and fees by State of hire:

Cast: _____

Production Crew: _____

Office/Clerical: _____

Post Production: _____

Other: _____

Note: Independent Contractors/Sub-Contractors must show you proof (in the form of a Certificate of Insurance) that they have Workers' Compensation Coverage otherwise they will automatically be included under your policy.

23. Are Production members under union contract? Yes No

Which unions? _____

24. Desired effective date of policy: _____ Term: _____

Signing this application does not bind the applicant or the Company to complete the insurance, but it is 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.

WARRENTY It is warranted, as a condition of insurance that the insured will test all camera equipment prior to commencement of principal photography; and, if transit to location is involved, camera equipment will be tested by the Insured prior to principal photography.

"Any person who knowingly and with intent to defraud any Insurance Company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act; which is a crime." I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Signature:

Tel.#:

Print name:

Fax #:

Date:

Fed. I.D. #:

475 PARK AVENUE SOUTH 17TH FLOOR

NEW YORK, NY 10016

T 212-702-3300 F 212-702-3333

WWW.VENTURAINSURANCE.COM

