About This Program

This application is used to insure a single production with a maximum budget of \$1,000,000 and a maximum duration of 60 days within a 60 day consecutive period.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Budget top sheet
- Synopsis
- Stunt Schedule (if any stunts/hazardous activities)
- Cast Schedule (if cast coverage is required)
- Cast Medical Certificates (for cast members that require sickness coverage)
- Hired/Non-Owned Auto Supplemental (if hired/non-owned auto coverage is required)
 Animal Schedule (if animal death/injury coverage required)

Applicant Information

Entity Type:	Named Insured:							
Country of Residency (if individual): Country of Registration (all others): Primary Address (or po Boos): Mailing Address (or deterent to primary): Confact Person: Phone / Fax: Email: Website: Year Business Established: Federal ID/Social Security #: Description of Operations: Will the production include any Hard-Core or Soft-Core pornography? Will the production include any live gangster rap music? Any unprotected or open heights above 15 feet? Will any production activities take place outside of the U.S. and Canada? Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued. Any employees supplied to or from an employee leasing operation (i.e. PEO) Insurance History Any prior insurance coverage? If yes, provide details below Policy Type Carrier Policy # Expiration Date Premium Any losses in the past 3 years? If yes, provide details below. Policy/Line Date of Loss Description of Loss Amount of Loss	Entity Type:		□Individual	□LLC	□LLP	Corporation	□Non-Profit	
Primary Address (in PO Box): Mailing Address (in PO Box): Mailing Address (in different to primary): Contact Person: Phone / Fax: Email: Website: Year Business Established: Federal ID/Social Security #: Description of Operations: Underwriting Qualification Questions Will the production include any Hard-Core or Soft-Core pomography? Will the production include any live gangster rap music? Any unprotected or open heights above 15 feet? Will any production activities take place outside of the U.S. and Canada? Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued. Any employees supplied to or from an employee leasing operation (i.e. PEO) Insurance History Any insurance declined or cancelled in the past 3 years? (net applicable in MO) If yes, provide details: Any prior insurance coverage? If yes, provide details below Policy Type Carrier Policy # Expiration Date Premium Any losses in the past 3 years? If yes, provide details below. Policy/Line Date of Loss Description of Loss Amount of Loss	Country of Residency (if individ	ual):						
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Contact Person: Phone / Fax: Email: Website: Year Business Established: Federal ID/Social Security #: Description of Operations: Underwriting Qualification Questions Will the production include any Hard-Core or Soft-Core pomography?	Primary Address (no PO Box):							
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Year Business Established: Federal ID/Social Security #: Description of Operations: Will the production include any Hard-Core or Soft-Core pornography?	Email:							
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Will the production include any live gangster rap music?								
Any unprotected or open heights above 15 feet? Yes	Will the production include any Hard-Core or Soft-Core pornography?						_	
Will any production activities take place outside of the U.S. and Canada? Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued. Any employees supplied to or from an employee leasing operation (i.e. PEO) Yes	Will the production include ar	ny live gangster rap music?	•				_	
Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued.	Any unprotected or open heigh	ghts above 15 feet?					☐ Yes	☐ No
Any employees supplied to or from an employee leasing operation (i.e. PEO) Yes	, ,	•					☐ Yes	☐ No
Insurance History Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details: Any prior insurance coverage? If yes, provide details below Policy Type Carrier Policy # Expiration Date Premium Any losses in the past 3 years? If yes, provide details below. Policy/Line Date of Loss Description of Loss Amount of Loss	Confirm your understanding t	hat if coverage is provided	, only one production will be	covered	by the po	licy(s) issued.	☐ Yes	☐ No
Any insurance declined or cancelled in the past 3 years? (not applicable in MO) Yes	Any employees supplied to o	r from an employee leasing	g operation (i.e. PEO)				☐ Yes	☐ No
Any prior insurance coverage? If yes, provide details below Policy Type Carrier Policy # Expiration Date Premium / / / / Any losses in the past 3 years? If yes, provide details below. Policy/Line Date of Loss Description of Loss Amount of Loss	Any insurance declined or ca	ncelled in the past 3 years	? (not applicable in MO)				☐ Yes	□No
Policy Type Carrier Policy # Expiration Date Premium	, .,	e? If ves provide details be	elow				□ Yes	П No
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Policy/Line Date of Loss Description of Loss Amount of Loss					1	1		
Policy/Line Date of Loss Description of Loss Amount of Loss								
	Any losses in the past 3 years? If yes, provide details below.					☐ Yes	□No	
	Policy/Line	Date of Loss	Description of Loss				Amount of	Loss
		1 1						
		1 1						

Productions Details

Production Name								
Type of Production								
Gross Production Cost								
Number of Episodes (if applicable)								
Production Start/End Dates	Fro	m:	/	1	To	1	1	
Shooting Location(s) – Cities & States								
Synopsis								

Music Videos Only

Type of Music	
Decade	
Artist's Name	

Key Personnel

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

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

Stunts and/or Hazardous Activities

(Visit http://www.abacus.net/programs/shorttermproductions/stunts.aspx for stunts & categories)

Will the production include any: stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.							☐ No	
If yes, the information below is required for each stunt/hazardo								
Stunts								
Stunt Category								
Stunt Type								
Detailed Description of Stunt Scene(s)								
Date(s) of Stunt Activity		From:	1	1	To:	1	1	
Names of Stunt Coordinator(s)/Professional(s), if any								
Are the Stunt Coordinator(s)/Professional(s) Licensed?								
Are Permits Required? If yes, have they been obtained?								
Describe any safety precautions taken:								
Any cast members involved/in close proximity to the stunt								
Number of vehicles involved in the stunt								
Maximum speed of vehicles								
Any collisions or explosions? If yes, describe:								
Animal Coverage								
Type of Animal & Breed of Animal								
Value of Animal								
Where will animal be housed during/after filming								
Who is responsible for the animal during transport								
Date(s) of Animal Activity		From:	/	1	To:	1	1	
Number of scenes								
Any replacements for the animal/can they be substituted								
Detailed Description of Animal Scene(s)								

Required Attachments for Stunts/Hazardous Activities:

- Detailed synopsis of stunt
- Resume(s) of stunt coordinator(s)/pyrotechnician(s)
- If animal coverage (death, illness) is required, include certificate of good health

Notes:

- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities

For additional stunts in the same production, duplicate this page.

Coverages

Dates of Coverage Effective:		on: / /	
Coverage	Limit	Deductible	
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit *		n/a	
Blanket Additional Insureds/Certificates of insurance *	Included	n/a	
City Certificates	☐ Include ☐ Exclude		
Waiver of Subrogation	☐ Include ☐ Exclude	n/a	
lland Marine (* Indicates required coverages if Inland Marine is purchased)			
Rented Equipment (Camera, Lighting, Sound, etc.)			
Rented Props, Sets, Wardrobe			
Rented Furs, Jewelry, Arts, Antiques			
Owned Equipment, Props, Sets, Wardrobe			
Negative Film, Videotape & Digitalized Image			
Faulty Stock, Camera & Processing	Same as Negative Film		
Third Party Property Damage	Ŭ		
Extra Expense			
Office Contents			
Rental Cost Reimbursement			
Animal Extra Expense	☐ Include ☐ Exclude		
Civil Authority Coverage			
Cast Coverage (circle % of budget to cover)	100% 75% 50% 25%		
Covered Person Extension (without sickness)	☐ Include ☐ Exclude		
Covered Person Extension (with Sickness)	Select limit below		
5,000 per person / 25,000 aggregate	☐ Include ☐ Exclude		
10,000 per person / 50,000 aggregate	☐ Include ☐ Exclude		
25,000 per person / 100,000 aggregate	☐ Include ☐ Exclude		
Family Bereavement	☐ Include ☐ Exclude		
Waiver of Subrogation	☐ Include ☐ Exclude		
<u> </u>			
utomobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability *		n/a	
Waiver of Subrogation	☐ Include ☐ Exclude	n/a	
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)	Include Exclude	11/4	
Timed a Non Cwined Factor Tryologic Burnage (per venicle/aggregate imitit)			
Vorkers Compensation (* Indicates required coverages if Workers Comp is purchased)			
Limit of 1,000,000 *	☐ Include ☐ Exclude	n/a	
All States Endorsement	☐ Include ☐ Exclude	n/a	
Waiver of Subrogation	☐ Include ☐ Exclude	n/a	
vvalvei oi Subiogation	Iliciade Excide	II/a	
xcess Liability			
Occurrence / Aggregate Limit			
Occurrence / Aggregate Limit		n/a	
ravel Accident			
Guild Members	☐ Exclude ☐ 1,000,000	n/a	
Non-Guild Members	□ 50,000 □ 100,000	n/a	
	250,000		
Aggregate Limit	5,000,000 10,000,000	n/a	
olunteer Accident			
Aggregate Limit of Liability	☐ Exclude ☐ 250,000	n/a	

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Name of Payroll Company (if any)	
Number of Shoot Days	

Payroll - Primary State (if multiple locations within a State, list each location separately)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Payroll - Additional States (Complete this section for each additional State.

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Payroll - Additional States (Complete this section for each additional State.

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	☐ Included ☐ Excluded
Chicala Chicoro a Carrioro de inclados en excitados.	Included Excluded

Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain production activities may preclude the production from being eligible for workers compensation coverage.

Cast Extra Expense

Complete this section if cast coverage is required.

Select Coverages

	Cast Coverage Option	Description / Maximum Limit	Medical Required for Sickness Coverage	Requirements
ast/0	Crew does not have to be sched	uled to be covered (Select required coverages)	
	Covered Person Extension (without sickness)	Extends cast coverage to include any person necessary to complete the production.	n/a	none
	Covered Person Extension (including sickness)	Extends cast coverage to include any person necessary to complete the production.	No	none
	Family Bereavement	Up to the budget	No	none
ast/0	Crew must be scheduled to be c	overed (Select required coverages)		
	Accidental causes only	All scheduled cast/crew, up to the budget	No	Schedule of cast members
	Accident sickness and death	All scheduled cast/crew, up to the	Ves	Schedule of cast members, medical

Yes

Schedule of cast members, medical

Individuals to be Scheduled (List individuals to be scheduled)

Accident, sickness and death

First & Last Name	Role/Position	Date o	f Birth	Production Start & End Date					
		1	1	From:	1	1	To:	/	1
		1	1	From:	1	1	To:	/	1
		1	1	From:	/	1	To:	1	1
		1	1	From:	/	1	To:	/	1
		1	1	From:	1	1	To:	/	1
		1	1	From:	1	1	To:	/	1
		1	1	From:	1	1	To:	1	1

Notes:

Individuals that are scheduled must undergo a medical examination and be approved by underwriters in order to receive sickness coverage.

Hired & Non-Owned Auto Supplemental

Complete this section if Hired & Non-Owned Auto Liability coverage is required.

Cost of Hire

Parameter	Value
Number of Vehicles to be Hired, Loaned or Donated	
Number Days Vehicles will be used	
Cost of Hire (Other than mobile studios/film trucks)	
Cost of Hire (mobile studios & film Trucks)	

Transportation

Will any bus or van be hired primarily for the purpose of transporting people?	Will any bus or van be hired primarily for the purpose of transporting people?	☐ Yes ☐ I	No
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If the above answer is "Yes", provide the driver information below.

Driver Schedule *

First & Last Name of Driver	State Licensed	Drivers License Number

A current driving record is required for each driver indicated above.

Volunteers Accident Supplemental

Complete this section if volunteers accident coverage is required.

Number of Lives

Number of Lives	

Animal Death, Illness, Injury

Complete this section if death, illness and injury coverage is required for any animal(s).

Animals to be Scheduled (List each animal to be scheduled)

Type of Animal	Name	Age	Value	Production Name	Description of Activities	Production D	n Start 8 ates	& End
						From: To:	1	1
						From: To:	/	/ /
						From: To:	/	/
						From: To:	/	/

Notes:

• For sickness coverage, a veterinarian certificate of good health is required.

FRAUD STATEMENT

Please read the statement applicable to your state,	and the final statement. Then sign	n, date and return with your application.
□ COLORADO: It is unlawful to knowingly provide false of defrauding or attempting to defraud the company. Per insurance company or agent of an insurance company or policyholder or claimant for the purpose of defrauding or payable from insurance proceeds shall be reported to the □ DISTRICT OF COLUMBIA: Warning: It is a crime insurer or any person. Penalties include imprisonment a materially related to a claim was provided by the applications.	nalties may include imprisonment, fines, ho knowingly provides false, incomplete or attempting to defraud the policyholder of Colorado division of insurance within the provide false or misleading information and/or fines. In addition, an insurer may continue to provide false or misleading information and/or fines.	denial of insurance, and civil damages. Any or misleading facts or information to a or claimant with regard to a settlement or award the department of regulatory agencies. In to an insurer for the purpose of defrauding the
☐ FLORIDA: Any person who knowingly and with inten any false, incomplete or misleading information is guilt MAINE: It is a crime to knowingly provide false, incomplete or misleading information is guilt.	of a felony of the third degree. In the place or misleading information to an ins	
the company. Penalties may include imprisonment, fine MARYLAND: Any person who knowingly and willful and willfully presents false information in an application MICHIGAN: Any person who knowingly and with int incomplete, or misleading information shall, upon convi to ten years for a felony conviction and payment of a fin MINNESOTA: A person who submits an application of of a crime.	ly presents a false or fraudulent claim for a for insurance is guilty of a crime and material to injure or defraud any insurer files a ction, be subject to imprisonment for up to e of up to \$5,000.00.	ay be subject to fines and confinement in prison. In application or claim containing any false, to one year for a misdemeanor conviction or up
of a crime. ☐ NEW YORK NOTICE: Any person who knowing an application for insurance containing false in		
concerning any fact material thereto, commits	a fraudulent insurance act, which is	s a crime.
OHIO: ANY PERSON WHO, WITH THE INTENT TO AGAINST AN INSURER, SUBMITS AN APPLICATI GUILTY OF INSURANCE FRAUD.		
OKLAHOMA: WARNING: Any person who knowing		
proceeds of an insurance policy containing any false, inc OREGON: Any person who knowingly and with intent containing a false statement as to any material fact, may	to defraud or solicit another to defraud the	
☐ Pennsylvania: Any person who knowingly and with into or statement of claim containing any materially false informaterial thereto commits a fraudulent insurance act, who are represented in the property of the property of the property of the pennsylvanian areas of the property of the pennsylvanian areas of the pennsylvanian areas of the pennsylvanian areas of the pennsylvanian and pennsylvanian areas of the pennsylvanian	formation or conceals for the purpose of natch is a crime and subjects such person to the answered by any applicant for property entence of up to one year of imprisonment CANT BEEN CONVICTED OF ANY D	nisleading, information concerning any fact criminal and civil penalties. by insurance. Failure to disclose the existence of tt.
YES ☐ UTAH: For your protection, Utah law requires the follof fraudulent underwriting information, files or causes to be submits a false or fraudulent report or billing for health or the protection of the submit of	e filed a false or fraudulent claim for disa	bility compensation or medical benefits, or
and confinement in state prison." WASHINGTON: It is a crime to knowingly provide fal defrauding the company. Penalties include imprisonment		
ALL OTHER STATES: Any person who knowing application for insurance containing any materially concerning any fact material thereto, commits a fra (NY: substantial) civil penalties." (Not applicable benefits may also be denied.	y and with intent to defraud any insu r false information, or conceals for the audulent insurance act, which is a crit	rance company or another person files an e purpose of misleading information me and subjects the person to criminal and
THIS APPLICATION DOES NOT BIND THE APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHO INFORMATION SUPPLIED ON THIS APPLICATION POLICY IS ISSUED, THE APPLICANT WILL PROVIDE	ULD A POLICY BE ISSUED. THE A CHANGES BETWEEN THE DATE O	APPLICANT REPRESENTS THAT IF THE FTHIS APPLICATION AND THE TIME THE
Applicant Signature:	D	Date:
To be completed by your Insurance Broker:		
Insurance Company(s) Applied to:	Insurance Agency/Agent:	License Number: