

HCC SPECIALTY UNDERWRITERS
Motion Picture Production Package Application
(For Special Producers)

General Information

Production Company Name: _____

Address: _____

Phone: _____ Fax: _____

Indicate whether Corporation, Partnership, or Individual: _____
(If the Applicant is a Corporation, please provide the following names)

President _____ Vice President _____

Secretary _____ Treasurer _____

Briefly describe experience of applicant:

Years in this business: _____

Previous Insurer: _____

Has the Applicant ever had any Special Producers or similar insurance declined or cancelled in the past five (5) years?: No Yes *(If yes, please explain)*

Briefly describe any previous losses over \$10,000 (insured or uninsured) sustained by the Producer in the past five (5) years:

Premium Audit Contact: _____ Phone: _____

Productions are on: Film Tape HD
 Combination _____ % Film _____ % Tape _____ % HD

Production personnel are: Union Non-Union

Estimated number of productions to be produced annually: _____

Estimated gross annual production costs:

_____ Film _____ Tape _____ HD _____ Total

Is any post-production work done for others?: No Yes

Estimated Annual Receipts *(Attach copy of contract)*: _____

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Types of films to be produced:

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Commercials | <input type="checkbox"/> Documentaries | <input type="checkbox"/> Educational Films | <input type="checkbox"/> Training Films |
| <input type="checkbox"/> Music Videos | <input type="checkbox"/> Animated Films | <input type="checkbox"/> Other (<i>Please Describe</i>) _____ | |

Maximum cost any one production: \$ _____

Maximum loss exposure in dollars any one occurrence: \$ _____
(Total amount of negative film without protection prints at any one time stored at one location)

Maximum length of time for any production from start of photography to date of protection print: _____
(If over 90 days, please explain)

Average estimated length of time from start of photography to date of protection print of all productions to be insured: _____

Are projects scheduled or anticipated to be produced outside of the United States, the Provinces of Canada, Western Europe, Australia, and New Zealand? No Yes *(If yes, please explain)*

Coverages Desired

Negative/Videotape

Laboratories to be used: _____
Vaults to be used: _____
Cutting rooms to be used: _____
Average distances of shooting locations to lab: _____

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc.): No Yes
(If yes, please explain)

Limit of Coverage: \$ _____
Deductible: \$ _____

Faulty Stock, Camera, and Processing

Explain procedures the Applicant follows in testing cameras, lenses, raw stock, and equipment to prove them to be sound prior to commencement of filming or taping:

Number of days filmed material is accumulated prior to processing: _____

Limit of Coverage: \$ _____
Deductible: \$ _____

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Props, Sets, and Wardrobe

Full 100% Value of Owned (attach schedule): _____

Rented (maximum value at any one time): _____

Limit of Coverage (owned): \$ _____ Deductible: \$ _____

Limit of Coverage (rented): \$ _____ Deductible: \$ _____

Miscellaneous Equipment

Full 100% Value of Owned (attach schedule): _____

Rented (maximum value at any one time): _____

Brief description of protection of property on the applicant's premises (e.g. fire fighting equipment, watchman, alarm, etc.):

Location to which Miscellaneous Equipment and Props, Sets, and Wardrobe will be returned when not in use:

Limit of Coverage (owned): \$ _____ Deductible: \$ _____

Limit of Coverage (rented): \$ _____ Deductible: \$ _____

Third Party Property Damage

Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities to be used in connection with the production for which the applicant may be responsible:

Limit of Coverage: \$ _____

Deductible: \$ _____

Extra Expense

(As a result of loss of or damage to property or facilities used in connection with the insured production(s))

Estimated time needed to reconstruct destroyed sets or scenery: _____

Estimated time needed to replace lost or destroyed equipment: _____

What alternate location or studio facilities would be immediately available? _____

Limit of Coverage: \$ _____

Deductible: \$ _____

