

HCC SPECIALTY UNDERWRITERS

Motion Picture/Television Production Package Application

General Information

Production Entity _____

Address _____

Phone _____ Fax _____

Indicate whether Corporation, Partnership or Individual _____

Production Office Address: _____

Phone _____ Fax _____

Address to be used on Certificate(s): _____

Title _____ Running Time _____

Type / Production: Feature MOW Mini Series
 Series Pilot / Special Other

Producer _____

Director _____ UPM _____

Coordinator _____ Production Accountant _____

Person to Contact for Audit _____ Phone _____

Gross Production Cost _____	
Below the Line _____	Cost of Hire _____
Story / Scenario _____	Bond _____
Post Production _____	2 nd Run Residuals _____
Insurance (Prod. Pkg) _____	Finance/Bank Fees _____
Contingency _____	Other _____
Net Insurable Cost _____	

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Start Date of Principal _____ Completion Date of Principal _____

Start Date of Pre-Production _____ Est. Date of Protection Print _____

Days Principal _____ Locations/ Days at Each _____

Any optional items to be insured (i.e.: story, interest, finance charges)

Source of Financing: _____

Value of Equipment: Rented _____ Owned _____

Any one of a kind/special type of equipment used?

If so, provide details and values: _____

Value of Props / Sets: Rented _____ Owned _____

Estimated time needed to reconstruct sets: _____

What other location/facilities would be immediately available _____

Any special sets constructed? If so, provide details and values. _____

Protection of Property: _____

Where is equipment kept when not in use? _____

Security: _____

Any "one of a kind" Fine Arts / Jewelry / Antiques? _____

Description of Location/Facilities used where values are in excess of \$1 million _____

Stunts: _____

Aircraft: _____

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Animals: _____

Watercraft: _____

Railroad: _____

Pyrotechnics: _____

Special Hazards: _____

Lab/Post Production: _____

How and how often negative shipped? _____

Dailies viewed: _____

Any special effects/processing to negative _____

Prior Insurance: _____

Prior Loss Experience: _____

Any medical facilities provided or medical professional employees or contracted? _____

Story
Line: _____

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INSURANCE COVERAGES

Production Package:

COVERAGE	LIMITS	DEDUCTIBLE
Cast	\$	\$
Negative Film	\$	\$
Faulty Stock / Camera Processing	\$	\$
Props/Sets/Wardrobe	\$	\$
Extra Expense	\$	\$
Miscellaneous Equipment	\$	\$
Third Party Property Damage	\$	\$
Office Contents	\$	\$
Money and Securities	\$	\$
Auto Physical Damage	\$	\$
Jewelry/Fine Arts	\$	\$
Animal Mortality	\$	\$

Any Special Endorsements:

- Civil Authority:
- Family Cast:
- Amend definition of all supplemental coverages to include coverage for Production through Post:
- Other – Cameraman Error; Mechanical Breakdown, Power Interruption

Number of Cast Members: _____

Artists and Effective Dates:

Any stop dates in Artists Contracts:

Term of Coverages:

Pre-Production Cast: _____

Negative / Faulty Stock _____

Date of Protection Print: _____

Supplements: _____ Pre: _____ Post to Expire with the Negative

Send completed application to: HCC Specialty Underwriters
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 Los Angeles, CA 90067
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 Fax: 310-552-6067
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