

Production Company Name (Applicant)					
Mailing Address		Street			
		City	Province	Postal Code	
Contact				Business #	
Website				Fax #	
Email				Cell #	
Desired Effective Date				Policy Term	
Method of Payment		<input type="checkbox"/> Automatic Monthly Withdrawal <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque			
Applicant is an/a		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Officers of which are		<input type="checkbox"/> President		<input type="checkbox"/> Vice President	
		<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	

Experience of Applicant (examples) _____

Years in this business _____

Productions are on Film Tape HD Both (List Percentage for Each) _____

Production Personnel are Union Members Non Union

Estimated Number of Productions to be produced annually _____

Estimated Gross Annual production costs
Tape \$ _____ **Film** \$ _____ **HD** \$ _____ **Total** \$ _____

Is any Post Production work done for others Yes No

Estimated Annual Receipts \$ _____

Type of Films to be produced

Educational Films Commercials Documentaries Music Videos Training Films Animated Films Other

Productions that include Special Effects/Hazardous Stunts or Activities such as, but not limited to, spelunking, mountaineering, rock climbing, bungee jumping, parasailing or air borne activities/Aerial Photography need to be reported to broker in advance in order to be covered.

Maximum Cost any one Production \$ _____

Maximum Length of Time any one Production from start of Photography to Date of Protection Print _____

Are any projects scheduled or anticipated to be produced Outside of Canada Yes No

If Yes, Explain _____

Do your operations include Website design Yes No

If Props, Sets and Wardrobe to be insured, estimate the number of rental days annually _____

If Miscellaneous Rented Equipment to be insured, estimate the number of rental days annually _____

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

Current Insurer					
Company Name		Policy Number		Expiry Date	Premium

Claims in the Past 5 years		
Date of Loss	Description	Payment
		\$
		\$

Insurance Cancelled/Non Renewed in the Past 5 years		
Cancellation Date	Insurer	Reason Cancelled/Non-Renewed

Property Information				
Locations				
1.				
2.				
	1		2	
	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<input type="checkbox"/> Condominium		<input type="checkbox"/> Condominium	
# of Stories				
Building Square Feet				
Square Feet Occupied				
Type of Construction				
Walls	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Non-Standard Fire Resistive	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Non-Standard Fire Resistive
	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame
	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/>	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/>
Roof	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Steel Joist	<input type="checkbox"/> Steel Deck	<input type="checkbox"/> Steel Joist
	<input type="checkbox"/> Wood Joist	<input type="checkbox"/>	<input type="checkbox"/> Wood Joist	<input type="checkbox"/>
Floors	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protection				
Fire Protection				
Sprinklered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L
Hydrant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KM to Fire Hall				
Security Protection				
Burglar Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L
Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored (M)/Local (L)	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> L

COVERAGES DESIRED *NOTE CAST INSURANCE NEEDS TO BE APPLIED FOR SEPARATELY			
Coverage Description	Deductible	Amount of Insurance	Premium
Building	\$ 1,000		
Studio Contents	\$ 1,000	\$	\$
Studio Computer Equipment/Editing Equipment	\$ 1,000	\$	\$
Props	\$	}	
Sets & Scenery	\$		
Costumes & Wardrobe	\$		
Negative, Film & Videotape	\$ 1,000	\$	\$
Faulty Stock, Camera and Processing	\$ 1,000	\$	\$
OWNED	Cameras, Sound, Lighting, Recording, Electrical,		
	Mechanical Effects & Grip Equipment		
	\$ Various	\$	\$
	(Attach Detailed List)		
RENTED	Cameras, Sound, Lighting, Recording, Electrical,		
	Mechanical Effects & Grip Equipment		
	\$ Various	\$	\$
Extra Expense	\$ 1,000	\$	\$
Commercial General Liability	\$ 1,000	\$	\$
Tenants Legal Liability	\$ 1,000	\$	\$
Total Premium			\$

Remarks

Signing of this application does not bind the Applicant or Underwriters 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.

I/We have read the above and agreed that to the best of my/our knowledge and belief, the stated information fully represents the true statement of fact.

Signature of Applicant _____ Date _____

Title _____

Signature of Broker _____ Date _____

Supplementary Form

To be completed only if worldwide coverage is required

Percentage of travel outside of North America _____ %

Purpose of travel _____

Frequency of travel _____

Usual Destination _____

Do you travel with Equipment Yes No

Maximum replacement cost of Equipment travelling with you \$ _____

Precautions taken to protect Equipment/other property _____

Method of transportation of Equipment _____

Signature of Applicant

Date