

Unionville Insurance Brokers
A Division of The CG&B Group Inc.
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INDIVIDUAL PRODUCTION INSURANCE APPLICATION

Production Company Name (Applicant)					
Mailing Address	Street			Province	Postal Code
	City				
Contact				Business #	
Website				Fax #	
Email				Cell #	
Desired Effective Date				Policy Term	
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Certified 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	

Director _____ **Producer** _____
Production Manager _____
Experience of Applicant & Director (examples/attach resume) _____

Title of Production _____

Type of Story (Documentary, Training, Drama, Comedy, etc.) _____

Storyline & Action Sequences _____

Indicate whether Production is

Motion picture feature for Theatrical Release
 Television Production Feature Film Pilot Special
 Other Series Number of Episodes _____

Type of filming (outdoors/indoors/terrain/any special hazards ie. Underwater/overwater) _____

Describe all special stunts, scenes involving animals, motorcycles, special vehicles, boats, aircraft, explosives or any special hazardous activity

Location (City & Province) and number of weeks at each _____

Will any filming be done outside of Canada Yes No
 If Yes, describe and include estimated duration _____

Production personnel are Union Members Non-Union Members

Is production being shot on HD Yes No
 If Yes, is user familiar with equipment Yes No

Any special film processes or equipment (Panavision, Cinerama, Todd-A-O, etc.)

Negative films to be transported to processing lab

Via _____ Frequency _____

Loss, if any, payable to _____

Production Schedule

Date

Duration

Commencement of Preproduction

Commencement of Principal Photography

Estimated Completion of Protection Print

Estimated Costs

A) Total Budget	\$	_____
B) Story and Scenario	\$	_____
C) Music & Sound Rights & Royalties	\$	_____
D) Total Negative Cost (A less B & C)	\$	_____
E) Post Production Costs	\$	_____
F) Net Insurable Production Costs (D less E)	\$	_____

Cast Insurance – Persons to be Insured (Specify Age)

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

Are any cast members/commentators participating in more than one production at the same time Yes No

Have medicals been obtained for Insured Persons

Yes No

If Yes, attach copy

Attached

If No, advise when the medical(s) will be available _____

Where will equipment be kept during use _____

Location to which equipment is returned when not in use _____

Indicate Inventory control methods and who is responsible _____

How will equipment be transported _____

Props or Equipment item valued in excess of \$25,000 (Explain) _____

Any mobile location studio vehicle used

Yes No

Values \$ _____

Describe each unit in detail _____

Time required for Props, Sets & Equipment coverage prior to and after Principal Photography

Days Prior _____

Days After _____

Estimated time needed to reconstruct destroyed sets or scenery _____

What other location or studio facilities are immediately available _____

Description of all shooting locations _____

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

Location	
1.	

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

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

COVERAGES DESIRED

Coverage Description	Deductible	Amount of Insurance	Premium
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	\$	\$
Cast Insurance	\$ 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 (Covers Third Party Liability only – Cast Members not covered for injury)	\$ 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