

**Unionville Insurance Brokers**  
**A Division of The CG&B Group Inc.**  
**120 South Town Centre Blvd.,**  
**Markham, Ontario L6G 1C3**  
**B: 905.479.6670 F: 905.479.9164**

**PRODUCTION SERVICES INSURANCE APPLICATION**

<b>Production Company Name (Applicant)</b>					
<b>Mailing Address</b>		<b>Street</b>			
		<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
<b>Contact</b>				<b>Business #</b>	
<b>Website</b>				<b>Fax #</b>	
<b>Email</b>				<b>Cell #</b>	
<b>Desired Effective Date</b>				<b>Policy Term</b>	
<b>Method of Payment</b>		<input type="checkbox"/> Automatic Monthly Withdrawal <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque			
<b>Applicant is an/a</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
<b>Officers of which are</b>		<input type="checkbox"/> President		<input type="checkbox"/> Vice President	
		<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	
<b>Nature of Operations</b> _____					
<b>Years in this business</b> _____					
<b>Estimated Gross Annual Sales</b> \$ _____ <b>Number of Employees</b> _____					
<b>Briefly describe your usual operations or attach company resume</b>					
<b>Primary Clients</b>					
<b>Territory of Operations</b> <input type="checkbox"/> Canada/United States <input type="checkbox"/> Worldwide *					
<i>* If Worldwide coverage is required, a Supplementary Form must be completed</i>					
<b>Member of the following Associations</b>		<input type="checkbox"/> Canadian Society of Cinematographers <input type="checkbox"/> Canadian Independent Camera Association <input type="checkbox"/> Any other Professional Association _____			
<b>Do you produce your own productions</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, additional coverage may be required					
<b>General description of Miscellaneous Equipment to be insured</b>					
<b>Estimated number of Rental days annually</b> _____					
<b>Provide a full description of precautions exercised for protection of property when taken off premises including how the equipment is transported</b>					
<b>What location are mobile items stored at when not in use</b>					
<b>Is equipment rented or loaned to others with or without operators</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, do you request Proof of Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>NOTE – Equipment is not covered when being rented to others</b>					
<b>Is equipment used underground, on or under water, in the air or for stunts</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain _____					

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	
# of Stories Building Square Feet Square Feet Occupied	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
	<input type="checkbox"/> Condominium		<input type="checkbox"/> Condominium	
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"/>	
Protection				
<b>Fire Protection</b>				
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				
<b>Security Protection</b>				
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			
Coverage Description	Deductible	Amount of Insurance	Premium
<b>Building</b>	\$ 1,000	\$	\$
<b>Studio Contents</b>	\$ 1,000	\$	\$
<b>Studio Computer Equipment/Editing Equipment</b>	\$ 1,000	\$	\$
<b>OWNED Mobile Equipment</b> (Attach Detailed List)	\$ Various	\$	\$
<b>RENTED Mobile Equipment</b>	\$ Various	\$	\$
<b>Extra Expense</b>	\$ 1,000	\$	\$
<b>Commercial General Liability</b>	\$ 1,000	\$	\$
<b>Tenants Legal Liability</b>	\$ 1,000	\$	\$
<b>Total Premium</b>			\$

**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