

Short Term Productions Application

About This Program

This application is used to insure a single production with a maximum budget of \$1,000,000 and a maximum duration of 60 days within a 60 day consecutive period.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Budget top sheet
- Synopsis
- Stunt Schedule (if any stunts/hazardous activities)
- Cast Schedule (if cast coverage is required)
- Cast Medical Certificates (for cast members that require sickness coverage)
- Hired/Non-Owned Auto Supplemental (if hired/non-owned auto coverage is required)
- Animal Schedule (if animal death/injury coverage required)

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Will the production include any Hard-Core or Soft-Core pornography?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the production include any live gangster rap music?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any unprotected or open heights above 15 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any production activities take place outside of the U.S. and Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide details:				
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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Productions Details

Production Name	
Type of Production	
Gross Production Cost	
Number of Episodes (if applicable)	
Production Start/End Dates	From: / / To: / /
Shooting Location(s) – Cities & States	
Synopsis	

Music Videos Only

Type of Music	
Decade	
Artist's Name	

Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)
At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

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Stunts and/or Hazardous Activities

(Visit <http://www.abacus.net/programs/shorttermproductions/stunts.aspx> for stunts & categories)

Will the production include any:

stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.

Yes No

If yes, the information below is required for each stunt/hazardous activity:

Stunts	
Stunt Category	
Stunt Type	
Detailed Description of Stunt Scene(s)	
Date(s) of Stunt Activity	From: / / To: / /
Names of Stunt Coordinator(s)/Professional(s), if any	
Are the Stunt Coordinator(s)/Professional(s) Licensed?	
Are Permits Required? If yes, have they been obtained?	
Describe any safety precautions taken:	
Any cast members involved/in close proximity to the stunt	
Number of vehicles involved in the stunt	
Maximum speed of vehicles	
Any collisions or explosions? If yes, describe:	
Animal Coverage	
Type of Animal & Breed of Animal	
Value of Animal	
Where will animal be housed during/after filming	
Who is responsible for the animal during transport	
Date(s) of Animal Activity	From: / / To: / /
Number of scenes	
Any replacements for the animal/can they be substituted	
Detailed Description of Animal Scene(s)	

Required Attachments for Stunts/Hazardous Activities:

- Detailed synopsis of stunt
- Resume(s) of stunt coordinator(s)/pyrotechnician(s)
- If animal coverage (death, illness) is required, include certificate of good health

Notes:

- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities

For additional stunts in the same production, duplicate this page.

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Coverages

Dates of Coverage

Effective: / / Expiration: / /

Coverage		Limit	Deductible
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit	*		n/a
Blanket Additional Insureds/Certificates of insurance	*	Included	n/a
City Certificates		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Rented Equipment (Camera, Lighting, Sound, etc.)			
Rented Props, Sets, Wardrobe			
Rented Furs, Jewelry, Arts, Antiques			
Owned Equipment, Props, Sets, Wardrobe			
Negative Film, Videotape & Digitalized Image			
Faulty Stock, Camera & Processing		Same as Negative Film	
Third Party Property Damage			
Extra Expense			
Office Contents			
Rental Cost Reimbursement			
Animal Extra Expense		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Civil Authority Coverage			
Cast Coverage (circle % of budget to cover)		100% 75% 50% 25%	
Covered Person Extension (without sickness)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Covered Person Extension (with Sickness)		Select limit below	
5,000 per person / 25,000 aggregate		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
10,000 per person / 50,000 aggregate		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
25,000 per person / 100,000 aggregate		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Family Bereavement		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			

Workers Compensation

(* Indicates required coverages if Workers Comp is purchased)

Limit of 1,000,000	*	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
All States Endorsement		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Excess Liability

Occurrence / Aggregate Limit			n/a
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Travel Accident

Guild Members		<input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a
Non-Guild Members		<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000	n/a
Aggregate Limit		<input type="checkbox"/> 5,000,000 <input type="checkbox"/> 10,000,000	n/a

Volunteer Accident

Aggregate Limit of Liability		<input type="checkbox"/> Exclude <input type="checkbox"/> 250,000	n/a
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NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

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Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll Company and Shoot Duration

Name of Payroll Company (if any)	
Number of Shoot Days	

Payroll – Primary State (if multiple locations within a State, list each location separately)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Payroll – Additional States (Complete this section for each additional State.)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Payroll – Additional States (Complete this section for each additional State.)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
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Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain production activities may preclude the production from being eligible for workers compensation coverage.

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Cast Extra Expense

Complete this section if cast coverage is required.

Select Coverages

Cast Coverage Option	Description / Maximum Limit	Medical Required for Sickness Coverage	Requirements
Cast/Crew does not have to be scheduled to be covered (Select required coverages)			
<input type="checkbox"/>	Covered Person Extension (without sickness)	Extends cast coverage to include any person necessary to complete the production.	n/a none
<input type="checkbox"/>	Covered Person Extension (including sickness)	Extends cast coverage to include any person necessary to complete the production.	No none
<input type="checkbox"/>	Family Bereavement	Up to the budget	No none

Cast/Crew must be scheduled to be covered

 (Select required coverages)

<input type="checkbox"/>	Accidental causes only	All scheduled cast/crew, up to the budget	No	Schedule of cast members
<input type="checkbox"/>	Accident, sickness and death	All scheduled cast/crew, up to the budget	Yes	Schedule of cast members, medical

Individuals to be Scheduled

 (List individuals to be scheduled)

First & Last Name	Role/Position	Date of Birth	Production Start & End Date	
		/ /	From: / /	To: / /
		/ /	From: / /	To: / /
		/ /	From: / /	To: / /
		/ /	From: / /	To: / /
		/ /	From: / /	To: / /
		/ /	From: / /	To: / /

Notes:

- Individuals that are scheduled must undergo a medical examination and be approved by underwriters in order to receive sickness coverage.

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Hired & Non-Owned Auto Supplemental

Complete this section if Hired & Non-Owned Auto Liability coverage is required.

Cost of Hire

Parameter	Value
Number of Vehicles to be Hired, Loaned or Donated	
Number Days Vehicles will be used	
Cost of Hire (Other than mobile studios/film trucks)	
Cost of Hire (mobile studios & film Trucks)	

Transportation

Will any bus or van be hired primarily for the purpose of transporting people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If the above answer is "Yes", provide the driver information below.

Driver Schedule *

First & Last Name of Driver	State Licensed	Drivers License Number

A current driving record is required for each driver indicated above.

Volunteers Accident Supplemental

Complete this section if volunteers accident coverage is required.

Number of Lives

Number of Lives	
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Animal Death, Illness, Injury

Complete this section if death, illness and injury coverage is required for any animal(s).

Animals to be Scheduled (List each animal to be scheduled)

Type of Animal	Name	Age	Value	Production Name	Description of Activities	Production Start & End Dates
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /

Notes:

- For sickness coverage, a veterinarian certificate of good health is required.

