

Production Portfolio Application

About This Program

This application is used to insure a single production or series up to \$15,000,000 in gross production costs, up to 18 months in duration.

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)
- 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) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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	
If hired/non-owned auto coverage is required:	
Cost of hire (other than mobile studios/film trucks)	_____
Cost of hire (mobile studios & film trucks)	_____
Loaned or Donated autos (#, days)	_____ # _____ Days

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/productionportfolio/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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Stop Gap Liability (OH, WA, ND, WY only)	<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 (percent of GPC)	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%	
Faulty Stock, Camera & Processing	Same as Negative Film	
Third Party Property Damage	*	
Extra Expense	*	
Office Contents	*	
Rental Cost Reimbursement		
Animal Extra Expense		
EDP		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Resumption of Operations		
Library Stock Coverage		
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Civil Authority Coverage		
Cast Coverage (circle % of budget to cover)	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 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	
Worldwide Coverage Territory	<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	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

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based 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

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			
Clerical			
Sales			
Editing			
Photography			

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
<input type="checkbox"/> Cast Essential Person	Up to the budget	Yes	Full pre-production medical, contracts, signed statement of no hazardous activities

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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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.

Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MAINE, TENNESSEE, VIRGINIA, or WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT	_____ DATE
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