

Multimedia Production E&O Application

About This Program

This application is used to insure a single production or series with a budget up to of \$5,000,000

Required Documents

The following documents are required to apply for coverage:

- This application
- Budget top sheet
- Detailed Synopsis
- Title Report (if title coverage)
- Licensing Agreements (if coverage required for merchandising)

NOTICE: The limits of liability available to pay judgments or settlements shall be reduced by amounts incurred for legal defense and claims expenses. Further note that amounts incurred for legal defense and claims expenses shall be applied against the retention amount. If the policy is issued, coverage will be on a claims-made and reported basis.

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
Applicant Ownership	<input type="checkbox"/> Publicly Traded <input type="checkbox"/> Privately Held
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:	

Insurance History

Any insurance declined, cancelled or non-renewed that provided the same or similar coverage as the insurance sought? (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	
	/ /			
	/ /			

Qualification Questions

Does the production involve any of the following: animation, pornographic materials, ride alongs, hidden cameras, pranks and consumer voting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Procedures

Representations

1. Are You aware of any claims or legal proceedings made or commenced against You or any of Your officers, members, or partners within the last five (5) years for: (1) invasion of privacy or false light; (2) IP infringement; (3) defamation; or (4) breach of contract arising out of the alleged submission of any ideas, story line, or script? If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are You aware of any claim or threatened claim made against You or any of Your officers, members, or partners arising out of or related to the insurance sought, including title thereof? If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Applicant agrees to obtain from third parties from whom it will obtain services or content for the insurance sought written warranties and indemnification against claims arising out of the use of such services or content?	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
4. Applicant agrees to use its best efforts to determine whether any content to be used in the named production or production library is protected by law and, where necessary, to obtain from parties owning rights therein the right to use same in connection with the insurance sought.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
5. Applicant agrees to use its best efforts to utilize clearance procedures which are the same or similar to those attached to this application.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Clearance, Licenses Consents and Releases

1. Has a title search for the Named Production been conducted by a title clearance service?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
2. Is the name or likeness of any actual living person used, portrayed or identifiable in the Named Production?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
3. Is the name or likeness of any actual deceased person used, portrayed or identifiable in the Named Production?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
4. Have all performers who appear in the Named Production entered into a written performance agreement with the Applicant related to their appearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
5. Has the Applicant obtained a license, consent or release from those persons, animals or characters who appear in the Named Production without a written performance agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
6. In the past three (3) years, have You been given notice of any potential infringement of another party's intellectual property (IP) rights, including without limitation, copyright or trademark infringement?	<input type="checkbox"/> Yes <input type="checkbox"/> No								
7. Did You screen the Named Production for the following possible offenses? (check all that apply)	<table border="1"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> False Light Claim</td> </tr> <tr> <td><input type="checkbox"/> Copyright Infringement</td> <td><input type="checkbox"/> Defamation</td> </tr> <tr> <td><input type="checkbox"/> Trademark Infringement</td> <td><input type="checkbox"/> Privacy Violations</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Violation of rights of publicity</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> False Light Claim	<input type="checkbox"/> Copyright Infringement	<input type="checkbox"/> Defamation	<input type="checkbox"/> Trademark Infringement	<input type="checkbox"/> Privacy Violations	<input type="checkbox"/> Violation of rights of publicity	
<input type="checkbox"/> None	<input type="checkbox"/> False Light Claim								
<input type="checkbox"/> Copyright Infringement	<input type="checkbox"/> Defamation								
<input type="checkbox"/> Trademark Infringement	<input type="checkbox"/> Privacy Violations								
<input type="checkbox"/> Violation of rights of publicity									
8. If any of the aforementioned screenings were performed, were such screenings performed by, or under the supervision of, a qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No								

Additional Procedures

Do Your compliance procedures include any of the following:	
1. Training of employees regarding copyright, trademark, and defamation issues	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do your requirements of freelancers, independent contractors, musicians, composers, or others who provide content include all of the following: a. To assign or license you their rights to the content b. To warrant that their work does not violate another party's rights c. To indemnify you should an IP infringement claim be made against You d. To hold you harmless should an IP infringement claim be made against You	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Acquisition of all necessary IP rights via licenses, consents, or releases.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Trademark searches by employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Trademark searches by professional search firm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Copyright searches by employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Copyright searches by professional search firm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Clearance of performing, recording, and synchronization rights.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Were the requirements outlined above met with regards to the Insurance Sought? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Production Details

If issued, the policy provides coverage only for the production title listed in this application. 'Named Production' or 'Production' refers to the production or series for which insurance is being applied.

Production Information

Title of Production												
Type of Production	<input type="checkbox"/> Animation <input type="checkbox"/> Commercial <input type="checkbox"/> Documentary <input type="checkbox"/> Educational & Training <input type="checkbox"/> Feature Film (for theatrical release) <input type="checkbox"/> Feature Film (not for theatrical release) <input type="checkbox"/> Industrial <input type="checkbox"/> Infomercial <input type="checkbox"/> Music Video <input type="checkbox"/> Radio Series (one episode/week) <input type="checkbox"/> Radio Series (two or more episodes/week) <input type="checkbox"/> Television Mini Series or Docudramas <input type="checkbox"/> Television Pilot, Special or Feature <input type="checkbox"/> Television Series/Daily Programming <input type="checkbox"/> Television Series/Weekly Programming <input type="checkbox"/> Theatrical Stage Production <input type="checkbox"/> Training Video <input type="checkbox"/> Video Distributor											
Nature of Production	<input type="checkbox"/> Based on Another Work <input type="checkbox"/> Controversial <input type="checkbox"/> Educational <input type="checkbox"/> Foreign Language <input type="checkbox"/> Home & Garden <input type="checkbox"/> Innocuous <input type="checkbox"/> Investigative Reporting <input type="checkbox"/> Live Programming <input type="checkbox"/> Talk Show <input type="checkbox"/> Reality TV											
Type of Work	<table border="1"> <tr> <td><input type="checkbox"/> Entirely fictional and original</td> </tr> <tr> <td><input type="checkbox"/> Entirely fictional but based on another's work Name of Author(s): Title(s): Date(s) of Publication:</td> </tr> <tr> <td><input type="checkbox"/> Entirely fictional but inspired by actual events</td> </tr> <tr> <td><input type="checkbox"/> Portrayal of actual events with original fictionalization</td> </tr> <tr> <td><input type="checkbox"/> True portrayal of actual events</td> </tr> </table>		<input type="checkbox"/> Entirely fictional and original	<input type="checkbox"/> Entirely fictional but based on another's work Name of Author(s): Title(s): Date(s) of Publication:	<input type="checkbox"/> Entirely fictional but inspired by actual events	<input type="checkbox"/> Portrayal of actual events with original fictionalization	<input type="checkbox"/> True portrayal of actual events					
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<input type="checkbox"/> Entirely fictional but inspired by actual events												
<input type="checkbox"/> Portrayal of actual events with original fictionalization												
<input type="checkbox"/> True portrayal of actual events												
Synopsis												
Gross Production Cost (Total Budget)												
Running time	_____ minutes											
Initial Release or Air Date	<input type="checkbox"/> ____ / ____ / ____ <input type="checkbox"/> Not previously released or aired											
Number of Episodes (if applicable)	_____											
Length Per Episodes (if applicable)	_____											
Number of Weeks (if applicable)	_____											
Distributor Name & Address (indicate multiple distributors on an additional page)	_____											
Distribution Territory	<table border="1"> <tr> <td><input type="checkbox"/> Local</td> <td>90% of distribution within local area (population less than 100,000)</td> </tr> <tr> <td><input type="checkbox"/> Metro</td> <td>90% of distribution within larger metro area (population 100,000 or greater)</td> </tr> <tr> <td><input type="checkbox"/> Regional</td> <td>90% of distribution within 2 to 6 states</td> </tr> <tr> <td><input type="checkbox"/> National</td> <td>90% of distribution outside the nation</td> </tr> <tr> <td><input type="checkbox"/> International</td> <td>Greater than 10% of distribution outside the nation</td> </tr> </table>		<input type="checkbox"/> Local	90% of distribution within local area (population less than 100,000)	<input type="checkbox"/> Metro	90% of distribution within larger metro area (population 100,000 or greater)	<input type="checkbox"/> Regional	90% of distribution within 2 to 6 states	<input type="checkbox"/> National	90% of distribution outside the nation	<input type="checkbox"/> International	Greater than 10% of distribution outside the nation
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<input type="checkbox"/> National	90% of distribution outside the nation											
<input type="checkbox"/> International	Greater than 10% of distribution outside the nation											
How will the production be released (Select all that apply)	<table border="1"> <tr> <td><input type="checkbox"/> Cable/Satellite/Wireless</td> <td><input type="checkbox"/> Television</td> </tr> <tr> <td><input type="checkbox"/> DVD/Videotape</td> <td><input type="checkbox"/> Theatrical Release</td> </tr> <tr> <td><input type="checkbox"/> Internet</td> <td><input type="checkbox"/> Theatrical Stage</td> </tr> <tr> <td><input type="checkbox"/> Radio</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>If DVD/Videotape:</p> <p>a) Will there be bonus material <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Will bonus materials use same clearance procedures as the rest of the production? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Cable/Satellite/Wireless	<input type="checkbox"/> Television	<input type="checkbox"/> DVD/Videotape	<input type="checkbox"/> Theatrical Release	<input type="checkbox"/> Internet	<input type="checkbox"/> Theatrical Stage	<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____		
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<input type="checkbox"/> DVD/Videotape	<input type="checkbox"/> Theatrical Release											
<input type="checkbox"/> Internet	<input type="checkbox"/> Theatrical Stage											
<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____											

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Key Personnel

Enter the key personnel. At a minimum, the producer, executive producer and script writer must be listed.

Personnel Role	First & Last Name
Executive Producer	
Producer	
Script Writer	

Legal

Type of attorney you employ or retain:	<input type="checkbox"/> In-house attorney providing media law advice <input type="checkbox"/> Outside attorney providing media law advice <input type="checkbox"/> None
Name, Address, Phone	<hr/> <hr/> <hr/>
1. Have you (and your attorney, if applicable) read and agreed to exercise due diligence to insure that the 'Clearance Procedures' attached are followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Term, Coverages, Additional Insureds

Term

Effective Date	_____ / _____ / _____
Coverage Term	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years
Coverage Basis	* <input type="checkbox"/> Claims Made

Coverages

Occurrence / Aggregate Limit	*	<input type="checkbox"/> 1m/1m <input type="checkbox"/> 1m/2m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 1m/3m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 2m/5m <input type="checkbox"/> 3m/5m <input type="checkbox"/> 5m/5m
Retention	*	<input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
Rights Period Endorsement (7 years)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Title Coverage		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Merchandising		<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Additional Insureds		<input type="checkbox"/> Include <input type="checkbox"/> Exclude

* Indicates a required item

Additional Insureds

Name	Address, City, State, Zip	Type
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

Multimedia Production E&O Application

Legal Notices & State Fraud Disclosures

Additional Documents and Information Incorporated By Reference

All written statements, materials or documents furnished to the insurer in conjunction with this application, regardless of whether such documents are attached to the policy, are hereby incorporated by reference into this application and made a part hereof, including without limitation any supplemental applications or questionnaires.

Legal Notice and Signatures

For the purposes of this application, the undersigned duly authorized representative of all person(s) or entities proposed for this insurance declares that, to the best of her/his knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

The undersigned duly authorized representative agrees that if the statements and information supplied on this application or incorporated by reference changes between the date of this application and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application and any information incorporated by reference hereto, shall be the basis of the contract should a policy be issued, and is incorporated into and is part of the policy.

Should insurer issue a policy, applicant agrees that such policy is issued in reliance upon the truth of the statements and representations in this application or incorporated by reference herein. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application, incorporated by reference or otherwise, shall be grounds for the rescission of any policy issued.

State Fraud Disclosures:

Notice to Arkansas, New Mexico and West Virginia applicants: 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.

Notice to Colorado applicants: 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 authorities.

Notice to District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

Notice to Florida applicants: Any person who knowingly and with intent to injure, 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 in the third degree.

Notice to Kentucky applicants: 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.

Notice to Louisiana applicants: 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.

Notice to Maine applicants: 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.

Notice to New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York applicants: 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.

Notice to Ohio applicants: 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.

Notice to Oklahoma applicants: 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 (365:15-1-10, 36 §3613.1).

Notice to Pennsylvania applicants: 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.

Notice to Tennessee, Virginia and Washington applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont applicants: 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 act, which may be a crime and may subject such person to criminal and civil penalties.

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Notice to applicants in all other states: 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 act, which is a crime and may subject such person to criminal and civil penalties.

Signature

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Applicant Signature
& Title:

Date:

(Duly authorized representative, by and on behalf of the Applicant)

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Broker:

License Number:

Named Production and Production Library Clearance Procedures

The following is a guide and not a comprehensive checklist for the Insured's attorney who should make certain that proper clearance procedures have been followed prior to final cut or first exhibition of the named production(s). It may not cover all situations, which may arise, given the variety of productions. We urge all Insureds to review the following points carefully with their attorney and to continually monitor the production at all stages to make certain that the named production contains no material which could give rise to a claim:

1	The script should be read prior to commencement of production to eliminate material, which is defamatory, violates rights of privacy and publicity or is otherwise potentially actionable.
2	If the script is an unpublished original, the origins of the work should be ascertained - basic idea, sequence of events and characters. It should be ascertained if submission of any similar properties has been received by the Insured. If so, the circumstances as to why the party submitting the material would not claim theft or infringement should be described in detail.
3	The origin of the work should be traced and a copyright report must be obtained unless the work is an unpublished original not based on any other work. Both domestic and foreign copyrights and renewal rights should be checked. If a completed film is being acquired, a similar review should be made on copyright and renewals on any copyrighted underlying property.
4	Prior to final title selection, a title report should be obtained from a recognized source setting forth prior uses of the same or similar titles, and if there is a conflict, the title should be changed.
5	Whether production is factual or fictional, it should be certain that no names, faces or likenesses of any recognizable living persons (or locations) are used unless written releases have been obtained. A release is unnecessary if person is part of a crowd scene or shown in a fleeting background or if the location is not identifiable. Telephone books or other sources should be checked when necessary. If the recognizable or identifiable person is deceased, releases must be obtained from the personal representative or heirs of such person. Releases can only be dispensed with if the Insured provides the insurer with specific reasons in writing as to why such releases are unnecessary and the insurer accepts such reasons. The term "living persons" includes thinly disguised versions of living persons or persons who are readily identifiable because of identity of other characters or because of the factual, historical or geographic setting.
6	Releases from living persons should contain language which gives the Insured the right to edit, delete material, juxtapose any part of the film with any other film, change the sequence of events or of any questions posed and/or answers, fictionalize persons or events including the release and to make any other changes in the film that the Insured deems appropriate. If a minor, consent has to be legally binding.
7	If music is used, the Insured must obtain all necessary synchronization and performance licenses.
8	Written agreements must exist between the Insured and all creators, authors, writers, performers and any other persons providing or owning material (including quotations from copyrighted works) or on-screen services.
9	If distinctive locations, buildings, businesses, personal property or products are filmed, written releases should be secured. This is not necessary if non-distinctive background use is made of real property.
10	If the production involves actual events, it should be ascertained that the author's sources are in independent and primary (contemporaneous newspaper reports, court transcripts, public records, etc.) and not secondary (another author's copyrighted work, autobiographies, copyrighted magazine articles, etc.).
11	If the intent is to use the production to be insured on video discs, tape cassettes or other new technology, rights to manufacture distributed and release the production should be obtained, including the above rights, from all writers, directors, actors, musicians, composers, and others necessary therefor, including proprietors of underlying materials.
12	If the production contained any film clips, the Insured must obtain clearances for the second use which are to be obtained from the owner of the clip or those who have the right to grant such authorization who are supplying on-screen services or supplying material. Special attention should be paid to music rights, as publishers are taking the position that a new synchronization and performance license is required.
13	Aside from living persons, even dead persons (through their personal representatives or heirs) have a "right of publicity" especially where there is considerable fictionalization. Clearances should be obtained where necessary.
14	Prior to any public exhibition of the production, it should be previewed to assure that the Clearance Procedures have been followed.