

Blanket DICE E&O Application

About This Program

This application is used to insure a DICE risk on a blanket basis for the following types of productions: commercials, industrial, educational, audio or audio-visual presentations, musical videos (only if your client(s) has agreed to fully indemnify you for all featured music), short films (produced by you for others).

Required Documents

The following documents are required to apply for coverage:

- This application, including signature on page 7

NOTICES:

Applicable in all states but NY: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts for defense costs shall be applied against the retention amount.

Applicable in NY: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs, and may be completely exhausted by such amounts. We shall not be liable for defense costs or for the amount of any judgement or settlement after exhaustion of the policy limit. Further note that amounts for defense costs shall be applied against the retention amount.

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:	
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

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 below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss

Qualification Questions

Confirm your understanding that the blanket DICE E&O policy covers only the following types of productions:	
a) All commercials, industrial, educational, audio or audio-visual presentations for corporate, industrial or education clients;	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) All musical videos produced by you for others, but only if and to the extent that your client has agreed to fully indemnify you for all featured music; and	
c) All small productions and webisodes produced by you for distribution by you; however solely where the individual production has a gross production budget of \$100,000 or less.	

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Clearance Procedures, Types of Productions, Legal Procedures & Claims

Types of Productions

1. Are any productions based on underlying works? If no:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Are you aware of any similar format or concept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Has any similar format or similar material been submitted to you at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	
a) Are copyright reports always obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are these always checked for any ambiguities, gaps or problems in the chain of title?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Has the chain of title of all works on which the productions are based been thoroughly investigated and cleared back to the original copyright owners to determine that all grants or transfers in the chain of title permit you to assign or sublicense the material as incorporated in your productions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clearance Procedures

1. Is the name or likeness of any actual living person used, portrayed or identifiable in the Named Production? a) If yes, will necessary permissions be obtained prior to first airing, distribution, or public display of the production?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the name or likeness of any actual deceased person used, portrayed or identifiable in the Named Production? a) If yes, will necessary permissions be obtained from personal representatives, heirs or estates prior to first airing, distribution, or public display of the production?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you always obtain title and trademark reports from a recognized agency and have this confirmed as satisfactory by a suitably qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Written Have you obtained a written agreement from all performers or persons appearing in your production consenting to their appearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are the following musical rights always obtained from the composer and/or cleared with the owners of pre-existing music and/or recordings: a) Recording and synchronization b) Performing rights c) Right to distribute all forms of distribution contemplated (home video, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you or any of your agents been unable to obtain or been refused an agreement or release after having: a) Negotiated for any rights in literary, musical or other materials? b) Negotiated for release from any persons in respect of any material incorporated in the production? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Licenses, Releases, Consents

1. Will any film clips, TV clips or photographs be used in the productions? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Have all licenses and consents been obtained from the copyright owner without restriction and are you authorized to assign or sublicense the licensed materials as incorporated in your production? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do you have the authorization of any person or entity depicted in the film clip, TV clip or photograph to use their depiction in your production and to assign or sublicense that depiction in your production? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Legal Procedures & Claims

1. A client contract is used for all projects and contract is approved by the client.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Where a production is based upon an original format with which you are already familiar or where it is based upon a similar format or similar material that has been previously submitted to you, do you refer to your attorney for confirmation that can safely proceed with your exploitation of the work? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance? If Yes, please attach details including the date of each claim or loss, the amount of the claim and any remedial action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you aware of any problem which is likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance? If Yes, please attach details of each problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. It is understood and agreed that with respect to the above questions if such knowledge of information exists, any claim or action arising there from is excluded from this proposed coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Production Details, Key Personnel, Legal Information

Production Details

Revenues	<table border="1"> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Current Year	Prior Year		
Current Year	Prior Year					
Average Production Budget						
Largest Production Budget						
Number of Productions per Year						

Third Parties

Input third parties to whom you intend to provide productions to in the coming year.

Name of Third Party	Types of Productions

Distribution Territory

Distribution Territory	<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 within the nation
	<input type="checkbox"/> International	Greater than 10% of distribution outside the nation

General

Do you specialize in any types of productions? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Key Personnel

Enter the key personnel. At least 1 producer or executive producer must be scheduled on the production.

Personnel Role	First & Last Name
Executive Producer	
Producer	

Legal Information

Input attorney details.

Firm Name	
Attorney Name	
Address	
City, State, Zip	
Phone / Fax	
Email	

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Term, Coverages, Additional Insureds

Terms

Effective Date	
Coverage Term	1 year
Coverage Basis	Claims Made

Coverages

Occurrence / Aggregate Limit	*	<input type="checkbox"/> 1m/1m <input type="checkbox"/> 1m/2m <input type="checkbox"/> 1m/3m <input type="checkbox"/> 1m/5m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 2m/4m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 2m/5m <input type="checkbox"/> 3m/5m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m
Retention	*	<input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000
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
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster
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.

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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.

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

State Fraud Disclosures:

Notice to Alaska Resident Applicants: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

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 California Resident Applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 Delaware Resident Applicants: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 Hawaii Resident Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

Notice to Idaho Resident Applicants: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

Notice to Indiana Resident Applicants: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

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, Maine and Tennessee Resident Applicants: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

Notice to Minnesota Resident Applicants: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to Nebraska Resident Applicants: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

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Notice to Nevada Resident Applicants: Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Notice to New Hampshire Resident Applicants: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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 Utah Resident Applicants: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to 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.

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.

Applicant Warranties and Representations

The applicant hereby warrants and represents:

1	That the information supplied herein is in all respects true, and material to the issuance of an insurance policy, and that no information has been omitted, suppressed or misstated; and
2	That Applicant and its counsel has supplied Company with all information required to be furnished pursuant to the Clearance Procedures, and to the extent such information is not known at the time of the application, such information will be furnished in writing to the Company as soon as known.
3	Applicant will use best efforts to procure from third parties, from whom it obtains material for the productions to be insured, written warranties and indemnities against all claims arising out of any use of such material.
4	Applicant and its counsel will use diligence to determine whether any portrayal, matter or materials used in the production to be insured violates the right of any person or entity, and, where necessary, applicant will obtain from such person or entity, the right to use the same in connection with the Insured production.

If pursuant to (2) above, information is hereafter furnished to the Company, Company shall have the right to limit the insurance coverage at its discretion.

This application and all attachments will be attached to, and form part of, any policy which may be issued as a result of this application. The signing of this application does not bind the Applicant or the Company to complete the Insurance unless and until a Policy of Insurance is issued in response to this application. All exclusions in any policy, which may be issued by Company, shall apply regardless of any answers of statements in this application. Applicant understands that the limit of liability and deductibles under any policy, which may be issued by Company, shall include both loss payment and claim expense, as defined in the policy.

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: