

RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE APPLICATION FOR INSURANCE

Submission of a completed application incurs no obligation to purchase or bind insurance.

1. Name of Proposed Insured (as it should be stated on the policy if issued):	
2. List other subsidiaries, affiliates and trade names to be included for insurance	
3. Principal Street Address	State • ZIP code
4. <input type="checkbox"/> Individual • <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership	5. Date purchased by present owner:
6. Title of production to be insured:	
Based on: <input type="checkbox"/> Book <input type="checkbox"/> Screenplay	
7. Name of Producer:	8. Name of Executive Producer:
10. Estimated assets: \$	11. Anticipated air date:
13. A. Form of production: check appropriate description <input type="checkbox"/> Motion picture for theatrical release <input type="checkbox"/> Motion picture for television release <input type="checkbox"/> Motion picture for cable TV release <input type="checkbox"/> Television pilot or special <input type="checkbox"/> Television drama <input type="checkbox"/> Television series Number of original episodes during policy period: _____ Number of rebroadcast episodes during policy period: _____ <input type="checkbox"/> Television "mini-series" <input type="checkbox"/> Television docudrama <input type="checkbox"/> Radio Program Number of programs each week: _____ Number of weeks: _____ • <input type="checkbox"/> Other (describe) _____	
14. Will there be any merchandising related to the production? If yes and coverage is desired for this activity, please submit the following for review: 1) Anticipated gross annual revenues form merchandising. 2) Copies of contracts or license agreements with any distributors, suppliers, etc. 3) Brief description of the merchandising activities.	
15. Procedure: A. Have all licenses and consents been obtained? 1. From copyright owners? 2. From music owners? 3. From performers or persons appearing in the film? 4. From Writers and/or others? B. Have musical rights been obtained? 1. Recording and synchronization rights? 2. Performing rights? C. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness in the production?	

16. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:

17. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years arising out of matter distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

18. During the past three years, has any similar insurance been issued to the applicant?

If yes, complete the following:

Company

Policy No.

19. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm?
(Not applicable in Missouri.)

If yes, give details. Add attachment if needed.

20. Policy limit required:

\$

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name

_____ (please type or print)

Title

To complete your application, you must submit:

- List previous production works
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- Sample tape (preferably VHS or 3/4" tape) or copy of script
- Experience resume

• Agent or Broker

• Address
