

WALTERRY INSURANCE BROKERS

7411 Old Branch Avenue
Clinton, Maryland 20735
PHONE 800-638-8791 FAX 301-868-2611

SPECIAL ENTERTAINMENT PACKAGE POLICY APPLICATION (Commercials, Documentaries, Industrial, Training & Educational Films, Short Subjects)

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1. Name of Production Company (Applicant): _____

 2. Address: _____
 3. Applicant is: Individual, Partnership, Corporation, the officers of which are:
President: _____, Vice President: _____
Secretary: _____, Treasurer: _____
 4. Experience of Applicant (examples): _____

 5. Indicate Financing Source or organization used: _____
 6. Release or Distribution organizations or Agencies used: _____
 7. Loss, if any, to be payable to: _____
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8. Productions are on Film Tape, or Both _____ % Film
_____ % Tape
 9. Production personnel are: Union Members Non-Union Members
 10. Names and addresses of:
(a) Studios to be used: _____
(b) Laboratories to be used: _____
(c) Vaults to be used: _____
(d) Cutting rooms to be used: _____
 11. Estimated number of productions to be produced annually: _____
 12. Estimated gross annual production costs:
Tape \$ _____ Film \$ _____ Total \$ _____
 13. Types of films to be produced: Documentaries Commercials Animated Films
Educational Films Training Films Other (Please Describe)
 14. Indicate if any of the following optional items are to be insured: _____
(a) Story (c) Music Rights (e) Royalties
(b) Scenario (d) Sound Rights (f) Continuity
 15. Percentage of Direct Cost to be included as Overhead (if any): _____

16. Percentage of productions to be filmed outside of the U.S. or Canada: _____
17. Maximum cost any one production: \$_____
18. Maximum length of time any one production from start of photography to date of protection print: _____
19. Average estimated length of time from start of photography to date of protection print of all productions to be insured:

20. Maximum loss exposure in dollars any one occurrence: \$_____ (total amount of negative film without protection prints at any one time stored at one location)

21. **Description and values at risk:** (indicate whether owned or rented and give dollar amount breakdown:)

	OWNED	RENTED (Highest any one time)	TOTALS
Props	\$ _____	\$ _____	\$ _____
Sets & Scenery	\$ _____	\$ _____	\$ _____
Wardrobe & Costumes	\$ _____	\$ _____	\$ _____
Cameras & Lenses	\$ _____	\$ _____	\$ _____
Sound & Recording	\$ _____	\$ _____	\$ _____
Electrical & Lighting	\$ _____	\$ _____	\$ _____
Editing & Projection	\$ _____	\$ _____	\$ _____
Other Equipment	\$ _____	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____	\$ _____

If any individual items valued in excess of \$25,000.00, give details: _____

22. Negative to be transported to processing lab:
- (a) Via: _____ (b) Frequency: _____
23. Indicate Inventory Control Methods and who is responsible: _____

24. Any mobile location studio vehicles used? _____ Values: _____

Describe each unit in detail: _____

25. Brief description of protection of property (fire fighting equipment, watchman, etc.): _____

26. Has any form of insurance ever been canceled or declined? _____ If "yes" explain: _____

27. Previous Insurer and Policy No.: _____

28. Previous Loss Experience: _____

29. **Coverages Desired:**

	Limit of Liability	Deductible
Negative/Videotape	\$ _____	\$ _____
Faulty Stock/Camera/Processing	\$ _____	\$ _____
Props	\$ _____	
Sets & Scenery	\$ _____	\$ _____
Costumes & Wardrobe	\$ _____	
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing Projection & Other Equipment	\$ _____	\$ _____
Extra Expense	\$ _____	\$ _____
Property Damage Liability	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____

30. Desired effective date of policy: _____ Term: _____

Signing this application does not bind the applicant or the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date: _____ Applicant: _____
By: _____
Title: _____

Agent/Broker: Steve Thomas

Address: Waltery Insurance Brokers