

RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE

Application for Insurance

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

Note: All questions must be answered. All requested attachments must accompany application.



1. _____
First Named Insured (including DBAs) **NOTE: First Named Insured is responsible for premium payment, cancellation and changes - refer to specimen policy.**

Street Address _____

City, State, Zip Code _____ Telephone Number _____

Web Site Address(es) _____

2. Are there other Named Insureds and/or subsidiaries, affiliates, branch offices or other related entity(ies) (including DBAs) for which coverage is desired?
 Yes No If yes, please attach a list of entities for which coverage is desired.
NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established: _____

B. Geographic area in which applicant operates:
____ Local ____ Regional (multi-state) ____ National ____ International

C. Applicant is a: Corporation Partnership Joint Venture Individual Other (specify) _____

4. A. Is applicant wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 2?
 Yes No

B. Does applicant wholly or partially own, operate, manage or control any other businesses or entity(ies) not previously listed in Question 1 or 2?
 Yes No

If 4.A. or 4.B. are answered yes, provide complete details: _____

5. Within the past five years, has applicant:

A. Changed name? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated operations with another entity? Yes No

If any of 5.A. - 5.D. are answered yes, please attach a summary of relevant transactions.

6. Title of production to be insured: _____

Based on: Book Screenplay Original material Other (specify) _____

7. Anticipated air date: _____

8. A. Form of production: (check appropriate description)

Motion picture for theatrical release
 Motion picture for television/cable TV release
 Motion picture "straight to video" release
 Television pilot or special
 Television musical/variety/comedy
 Television drama
 Television series
Number of episodes: _____
 Television "mini-series"
 Radio program
Number of programs each week: _____
Number of weeks: _____
 Theatrical stage presentation
 DICE (describe) _____
 Other (describe) _____

B. Source of production:

Entirely fictional
 Based on actual facts or events
 Combination fact and fiction
 Based on another work
(If so, please specify: _____)
 Other (fully describe) _____

C. Program or running time of production: _____

D. Intended territory or distribution of production: _____

9. Name of distributor: _____
 Date of contract: _____
 Length of rights period: _____
 Territory: _____

10. Will there be any merchandising related to the production? Yes No
 If yes, and coverage is desired for this activity, please submit the following for review:
 A. Anticipated gross annual revenues from merchandising.
 B. Copies of contracts or license agreements with any distributors, suppliers, etc.
 C. Brief description of the merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

11. Synopsis of production: _____

12. Name of producer: _____
 Name of executive producer: _____
 Name of author or writers: _____

PROCEDURES

13. A. Have all licenses and contents been obtained:

	Yes	No
1) From copyright owners?	<input type="checkbox"/>	<input type="checkbox"/>
2) From music owners?	<input type="checkbox"/>	<input type="checkbox"/>
3) From performers and persons appearing in the film?	<input type="checkbox"/>	<input type="checkbox"/>
4) From writers and/or others?	<input type="checkbox"/>	<input type="checkbox"/>

B. Have musical rights been obtained:

1) Recording and synchronization rights?	<input type="checkbox"/>	<input type="checkbox"/>
2) Performing rights?	<input type="checkbox"/>	<input type="checkbox"/>

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?
 Yes No If yes, have clearances been obtained in all cases? Yes No

D. Will any previously made video or film clips be used in this production? Yes No
 If yes, have all necessary licenses and consents been obtained? Yes No
 If no, explain: _____

E. Has a title report (title search and opinion) been obtained on each of the productions listed in Question 6. above? Yes No
 If yes, please submit a copy of each title report for the Company's review.
Please note that claims arising from the title of any scheduled production are not covered unless a title report is submitted to and approved by the Company and coverage is endorsed to the policy.

FINANCIAL INFORMATION

14. A. Estimated total gross operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales, fees or commissions (circle the applicable basis)	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales or revenues from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including all Television, Radio and Film Producer entities to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (including territories)			
Gross revenues, sales or receipts (circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Gross revenues, sales or receipts (circle the applicable basis)	\$ _____	\$ _____	\$ _____

15. Estimated assets of all of applicant's operations: \$ _____
Attach a copy of the latest, complete audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization.

16. Name, address and phone number of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____
Years of experience in media law: _____

17. Has any actual or threatened claim or suit been made against applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised or arising from Internet activities?

Yes No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

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

Yes No If yes, complete the following:

Company	Policy Number	Limits	Deductible	Coverage Dates	Premium
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19. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri)

Yes No If yes, give details. Add attachment if needed.

20. Policy limit required:

\$ _____

21. Self-insured retention:

\$ _____

Note: All policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(signature of authorized representative)

Title _____

Date _____

To complete this application, please submit:

- List of previous production works
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- Sample tape (preferably VHS or CD) or copy of script
- Experience resumé
- Copy of title report (title search and opinion)
- Description of procedure for checking accuracy, infringements, etc.
- Description of procedure for processing unsolicited ideas, scripts, screenplays, etc.
- Completed, signed and dated Media/Cyber Liability Supplement required if Internet presence

Agent or Broker:

Address, Zip Code:

Telephone:

Facsimile: