

Distributors' Errors & Omissions Application

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE OR OCCURRENCE POLICY (IF SO ENDORSED). EXCEPT AS PROVIDED IN THE POLICY, ANY CLAIMS MADE INSURANCE POLICY ISSUED HEREAFTER WILL BE LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER DURING THE POLICY PERIOD; OR, IF AN OCCURRENCE POLICY, ONLY THOSE CLAIMS FROM WRONGFUL ACTS THAT AROSE AFTER THE RETROACTIVE DATE OR DURING THE PERIOD OF INSURANCE. PLEASE READ AND REVIEW THIS APPLICATION CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT, BROKER AND/OR LEGAL REPRESENTATIVE.

1. Name of Applicant(s):			
2. Address:			
3. Applicant is a:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other – please describe:		
4. Names and Titles of Principal Officers, Partners, or Individuals:			
5. Names of Subsidiaries (including ownership percentage):			
6. Desired Effective Date:		Desired Term of Policy:	year(s)
7. Number of Years in Business:		year(s)	
8. Website:			
Please list the professional associations to which the Applicant is a member of:			
9. Coverage requested: <input type="checkbox"/> CAD <input type="checkbox"/> USD		Limit for any one Claim:	\$
		Limit in the Aggregate:	\$
		Deductible:	\$
		Retroactive Date:	
NOTE: Claims Expenses are inclusive within the Limits of Liability unless otherwise specified.			
10. Gross Distribution Revenues: <input type="checkbox"/> CAD <input type="checkbox"/> USD		For Prior Year:	\$
		Estimated for Upcoming Year:	\$
		Total Derived from Canada:	\$
		Total Derived from USA:	\$
		Total Derived from Foreign:	\$

11. Estimate, by type, the number of productions to be distributed annually (including new, acquired productions):	Motion Picture for Theatrical Release:	
	Motion Picture for Television Release:	
	TV Pilots and Specials:	
	TV Series:	
	Documentaries:	
	Docudramas:	
	Industrial and Training Films:	
	Other — please describe below:	
12. How many productions are presently on hand for distribution?		
13. On average, how many additional productions are acquired each year?		
14. Please describe the distribution plan in the upcoming year including the jurisdictions where these productions will be distributed in:		
15. Are all distribution rights acquired (theatrical, TV, Pay-Per-View, etc.)? Please explain:		
16. Have all productions been previously released/exhibited? If yes, what is the earliest release date? What is the most recent release date? Please explain:		
17. Please provide the following information for the Applicant's legal counsel who clears acquisitions, rights, and contracts:		
<ul style="list-style-type: none"> a) Name: b) Law Firm: c) Phone #: d) Email: e) Years of Experience in Entertainment Law: 		

Acquired Productions:		
<p>18. Has the Applicant's legal counsel approved as adequate the clearance procedures used by the Applicant in connection with each production being acquired?</p> <p>If "No", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>19. Does the Applicant obtain full indemnities from sellers or licensors against liability arising out of the distribution, exhibition, advertising, dissemination, or other use of the productions being acquired? Please attach a sample distribution contract for review.</p> <p>If "No", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>20. Does the Applicant require the seller or licensor to maintain current and continuous in-force Producers' Errors and Omissions Liability insurance on each production acquired for distribution?</p> <p>If "No", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owned Productions:		
<p>21. Does the applicant generally finance or otherwise participate in the production of films or other programming being distributed?</p> <p>If "Yes", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>22. If "Yes" to question 21, have clearances been obtained in all cases from personal representatives, heirs, or other owners of such rights?</p> <p>If "No", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>23. If "Yes" to question 21, have all productions had a minimum of 1 year of primary Producers' Errors and Omissions Liability insurance?</p> <p>If "No", please explain:</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Prior Insurance & Loss History:

24. Please provide details of all prior claims or suits within the past 5 years (attach a separate sheet if necessary).

25. Has Applicant ever had prior Errors and Omissions insurance declined, cancelled, non-renewed by an insurer?

Yes

No

If "Yes", why and when? Please explain:

26. Applicant represents and warrants that neither it, nor any of its Officers, Directors or Partners, or their Counsel, have any knowledge, actual or constructive:

(a) of any claims or legal proceedings made or commenced against the Applicant, or any Officers, Directors, Partners, or subsidiary or affiliated corporations within the last five (5) years for invasion of privacy, infringement of copyright (statutory or common law), defamation, unauthorized use of titles, formats, ideas, characters, plots or other program material embodied in an Insured Production, or breach of implied contract arising out of alleged submission of any literary or music material.

If no exceptions, please Initial

Except as follows (attach separate sheet if necessary):

(b) of any threatened claims or legal proceedings against the Applicant, producers, sellers, licensors, or any Officers, Directors, Partners, or subsidiaries of the aforementioned, or against any other person, firm, or corporation arising out of or based upon any Insured Production including title thereof, or any material upon which said Insured Productions were based, that would be covered by the Policy sought to be obtained by the Applicant.

If no exceptions, please Initial

Except as follows:

(c) Of any facts, circumstances, or prior negotiations by reason of which they, or any of them, believe that a claim might reasonably be asserted or legal proceedings instituted against the Applicant, producers, sellers, licensors, or any Officers, Directors, Partners, or subsidiaries of the aforementioned that would be covered by the Policy sought to be obtained by the Applicant.

If no exceptions, please Initial

Except as follows:

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) The Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that the Applicant has not omitted, suppressed, or misstated any facts.
- b) If any claims, threatened claims, or other matters which might affect issuance of a Policy come to the attention of the Applicant after execution or filing of this Application with the Insurer but before a Policy issues, the Applicant must notify the Insurer immediately.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) Deductible Provision – Please note that the Policy stipulates that any deductible or retention shall apply to investigation expenses and defense costs as well as indemnity.
- e) The Applicant understands that the limit of liability, deductible, term of coverage and other terms and conditions in any Policy issued in response hereto may be different than those requested herein, and the Applicant agrees to such differences.

This Application shall be attached to and become a part of any Policy, should a Policy be issued as a result of this Application. The Application shall be deemed a schedule to such Policy, but the signing of this Application does not bind the Applicant or the Insurer unless and until a Policy of Insurance is issued in response to this Application. An authorized representative of each Applicant company must sign and initial this Application.

Applicant's Signature: _____ Date Signed: _____

By: _____

Title: _____