

Film Producers' Indemnity Application

GENERAL INFORMATION

1. Name of Production Company (Applicant) _____
 Production Office Address _____
 Applicant is Corporation Partnership Individual

2. Parent Company(ies) _____
 Parent Company(ies) Address _____

3. Title of Production _____

4. Type of Production Feature Film MOW Documentary
 Mini-series Series _____
 If a series, # of episodes _____ Running Time _____
 Other _____

Synopsis _____

5. Producer _____ Director _____
 Director of Photography _____
 Production Manager _____
 Stunt Coordinator _____ (Please provide resumé)
 Special Effects Coordinator _____ (Please provide resumé)

6. Source of Financing _____

7. Network/Distributor _____

8. Film Completion Bond Company _____

9. Policies to be issued in Canadian Dollars US Dollars

10. Gross Production Cost _____ **Production Costs Not Insured:**
 Post-Production _____ Story/Scenario _____
 Contingency _____ Music (incl. in Post-Prod) _____
 Below the Line _____ Insurance _____
 Interest/Finance Costs _____
 Other Costs you do not wish to insure (Describe) _____

Net Insurable Cost _____

11. Any optional items to be insured (e.g., story, sound, music, etc.) Yes No
If so, provide details _____

12. Estimated Dates of Principal Photography
Start _____ Finish _____
Start Date of Pre-production _____ Est. Date of Protection Print _____
Days Principal _____

13. Locations/Days at Each _____

14. Value of Props/Sets/Wardrobe Owned: _____ Rented: _____
List any antiques, rugs, objects of art, furs, jewellery, precious or semi-precious stones in excess of \$25,000
Estimated Time to Replace Props/Sets/Wardrobe: _____ Estimated Time to Reconstruct Sets _____
Any special sets constructed Yes No
If so, provide details and values _____

15. Value of Equipment Owned: _____ Estimated Time to Replace Equipment _____
Rented: _____
Any one of a kind/special type of equipment used Yes No
If so, provide details and values _____

16. Provide Details
Protection of Property and Security _____
Stunts/Hazardous Activities _____
Aircraft _____
Unmanned Aerial Vehicle/Drones _____
Animals _____
Watercraft _____
Underwater Filming _____
Pyrotechnics _____
Special Vehicles _____
Railroad Cars/Equipment _____

17. Production is on 16mm 35mm 70mm Video Digital
Type of Camera _____

18. Lab _____ Post-Production _____
(name and location) (name and location)
How often are negatives shipped to lab for processing _____ How often are dailies viewed _____
How are negatives/video transported to lab/post facility _____

19. Will entire original developed negative be shipped at one time? Yes No
20. Will highest standard industry procedures be used to fully test cameras, lenses, and equipment until proved to be sound prior to commencement of filming or taping? Yes No

FOR SERIES ONLY

21. Are the episodes standalone , or part of a continuous storyline ?
22. Please provide delivery schedule
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FOR ANIMATION ONLY

23. Please provide full details including type, process, locations, and protection of premises
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INSURANCE COVERAGE

24. PRODUCTION PACKAGE

Coverage	Limits	Deductible
Cast	_____	_____
Negative Film	_____	_____
Faulty Stock/Camera Processing	_____	_____
Extra Expense	_____	_____
Props, Sets, and Wardrobe	_____	_____
Miscellaneous Equipment	_____	_____
Office Contents	_____	_____
Third Party Property Damage Liability	_____	_____
Automobile Physical Damage	_____	_____
Animal Mortality	_____	_____
Money and Securities	_____	_____

Extended Pre-Production Cast (Artist/No. of Weeks/Limit) _____

No. of Cast Members to be Insured _____

Cast Members (Name/Age/Role) _____

Any stop dates in Cast contracts _____

Any Essential Elements _____

25. COMMERCIAL GENERAL LIABILITY

Limits _____ Each Occurrence
_____ General Aggregate

26. NON-OWNED & HIRED AUTOMOBILE LIABILITY

Limit \$1,000,000

COST OF HIRE:

Production Vehicles _____
Commercial Vehicles _____
Picture Vehicles _____

27. UMBRELLA

Limit _____

In excess of underlying CGL Including:

- Employers Liability
- Non-Owned Automobile
- Automobile Liability
- Third Party Property Damage Liability
- Tenant's Legal Liability

28. Prior Production(s) _____
Prior Insurer(s) _____
Prior Loss Experience _____

29. Has the Applicant had any form of Insurance cancelled or declined in the last five years? Yes No
If yes, provide details.

30. ERRORS & OMISSIONS

Errors & Omissions	Each Claim	_____
	Aggregate	_____
	Deductible	_____

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and 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.

Applicant _____ Title _____

Signature _____ Date _____

Agent/Broker _____