

Film Producers' Indemnity - D.I.C.E. 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. Estimated Gross Production TOTAL: \$ _____

Costs: Film: % Tape: % Digital: % Other: %

4. Maximum cost of any one production: \$ _____

5. Average cost of any one production: _____

6. (a) Maximum length of time from start of principal photography to date of protection print: _____ weeks

(b) Average length of time from start of principal photography to date of a production print of all productions to be insured: _____ weeks

7. Types/Number of Productions	Commercials		Music Videos		Industrial Films	
	Educational Films		Infomercials		Corporate Videos	
	Animation		Other – please describe below			

Other – please describe: _____

8. Source of Financing _____

9. Release/Distribution Organization _____

10. Production personnel are: Union Members Non-Union Members

11. List of shooting locations (including the approximate weeks at each, if known): _____

12. Percentage of shooting locations %
outside Canada/USA (list countries):

13. Policies to be issued in: Canadian Dollars US Dollars

14. Will any of the following high hazard activities anticipated to be involved in the productions?

<input type="checkbox"/> Stunts	<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Watercraft	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Drones/UAV
<input type="checkbox"/> Underwater Filming	<input type="checkbox"/> Railroad Cars	<input type="checkbox"/> Animals	<input type="checkbox"/> Special Vehicles	<input type="checkbox"/> Other – please describe below.

Please note that all high hazard activities require underwriting approval prior to commencement.

15. Name and address of: (a) Studio to be used:
(b) Laboratory to be used:
(c) Vaults to be used:
(d) Cutting rooms to be used:

16. Negatives will be transported to the processing laboratory or post-production facility: Via:
Frequency:

Additional data backup procedures:

17. 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 each day? Yes No

18. Maximum loss exposure in any one occurrence: \$
(i.e., Total amount of Media Property/Negative Film without protection prints at any one time stored at one location.)

19. Value of Props/Sets/Wardrobe: Owned: \$ Rented (Max at any given time): \$

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:

20. Value of Equipment: Owned: \$ Rented (Max at any given time): \$

Breakdown of Owned Equipment: Mobile: \$ Fixed: \$

Estimated Time to Replace Equipment:

Any one of a kind/special type of equipment used? Yes No If so, provide details and values:

21. Please provide details regarding the protection and security of props/sets/wardrobe, equipment, and other property while in use (on location and in transit) and while stored and not in use.

22. Please answer the questions below regarding the Applicant's premises:

(a) Building Construction:

Fire Resistive Masonry Non-Combustible Joisted Masonry Frame Other – please explain:

(b) Fire Protection:

Fire Alarm Smoke Alarm Public Hydrants within 300 m
 Automatic Sprinklers Partially Sprinklered Fire Station within 8 km with Paid Firefighters
 Heat Detection Fully Sprinklered Connection to Central Station with 24-hr Monitoring
 Other – please explain:

(c) Physical Security/Protection:

CCTV 24-hr Security on Site Connection to Central Station with 24-hr Monitoring
 Deadbolt Lock Burglar Alarm
 Other – please explain:

Insurance Coverage

23. Production Package

Coverage	Limits	Deductible
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		

24. Commercial General Liability

Limits _____ Each Occurrence
_____ General Aggregate

25. Umbrella

Limit _____

In excess of underlying CGL including:

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

26. Prior Production(s)/Clients: _____
Prior Insurer(s): _____
Prior Loss Experience: _____

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

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: _____