

Movie Production Liability Application

1.	Name of Production Company (Applicant):				
2.	Address:				
3.	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, the officers of which are:				
	President:			Vice President:	
	Secretary:			Treasurer:	
4.	Director:		Producer:		Production Manager:
5.	Experience of Applicant & Director:				
6.	a)	Type of Production(s)			
	b)	Describe all shooting locations:			
	c)	Location (City, Province or State, Country):			
	d)	Length of each production (No. of weeks):			
	e)	Production costs:			
7.	Is there any of the following? If yes, give details:				
	a)	Stunts <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	b)	Special effects <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	c)	Aerial photography <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	d)	Overwater photography <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	e)	Underwater photography <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	f)	Filming with wild animals <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	g)	Action sequences (i.e. chases etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	h)	Unusual situations with children <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	i)	Filming in heavily traveled pedestrian & other traffic areas <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
	j)	Crowd situations <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			
8.	Are all production personnel (including actors, directors, stuntpersons) covered by Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:				
9.	a)	Limits of Liability desired:			
		Inclusive Limit	\$		Bodily Injury, Property Damage, and Tenants' Legal Liability each occurrence
			\$		Products – completed operations aggregate limit
			\$		Other – please specify:
	b)	Desired Effective Date:			
10.	Has any company cancelled or refused to renew previous insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:				
11.	Give details of any current or expiring liability insurance for these exposures:				
	Type of Policy	Policy Number	Company		Expiry Date
					Limits

12.	Give details of all claims against the Applicant during the past five years:			
	Date of Accident	Amount		Details
		Paid	Outstanding	
13.	Additional Information:			

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.

Applicant: _____ Date: _____

Signed by: _____ Title: _____

Broker: _____