



Specialty Solutions Insurance
Producer and Entertainment Advantage Insurance
Acquisition, Development, Distribution and Library Application

PLEASE READ THE ENTIRE APPLICATION CAREFULLY AND ANSWER ALL QUESTIONS. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE APPEND A SEPARATE PAGE WITH DETAILED RESPONSES.

Enclose the following with this application:

- ☐ i. Schedule of titles, including genre and any applicable insurance information
- ☐ ii. Copy of distribution agreement

GENERAL INFORMATION

1. Applicant Name: _____
2. Mailing Address: _____ Website: _____
3. Contact Person: _____
4. Phone Number: _____ Email: _____
5. Provincial Incorporation: _____ Year Established: _____
6. Legal Structure: _____
7. Do any other entities, subsidiaries, or joint ventures require coverage? ☐ Yes ☐ No
If "Yes", please provide a separate list that includes the entity name, address, and relationship to the Applicant.
8. Gross annual revenue for the past twelve (12) months:
_____ Canada _____ USA _____ Worldwide
9. What percentage of revenues were derived from? ☐ Yes ☐ No
 - a) Acquisition and development activities: _____ % ☐ Not Applicable
 - b) Distribution of acquired titles: _____ % ☐ Not Applicable
 - c) Distribution of owned produced titles: _____ % ☐ Not Applicable
 - d) Other (Describe): _____ % ☐ Not Applicable
10. Indicate the limits of coverage required: Limit: _____ Aggregate: _____ Deductible: _____
11. Indicate if the coverage required is: ☐ Claims-made ☐ Occurrence
12. Please provide the name and address of the attorney(s) used for review of distribution or acquisition agreements:
Name of Attorney: _____
Law Firm: _____
Number of Years Practicing in Entertainment Law: _____
Phone Number: _____
Email: _____

SECTION 1: ACQUISITION AND DEVELOPMENT OPERATIONS (Only complete if coverage is required)

1. What is the average budget for the productions acquired or developed by the Applicant? _____
2. In the past twelve (12) months, what has been the largest budget for production that has been acquired or developed by the Applicant? _____
3. Have all necessary rights been acquired by the Applicant? ☐ Yes ☐ No

4. What are the Applicant's policies and procedures for submissions of unsolicited materials?

5. What is the expected number of productions to be acquired or developed by the Applicant over the next twelve (12) months?

6. Please describe the types of productions acquired or developed by the Applicant:

7. How are the productions distributed? Check all that apply.

☐ Theatrical Release

☐ Television Release

☐ Online Release

☐ Stage

☐ Other (Please Describe):

SECTION 2: DISTRIBUTION OPERATIONS (Only complete if coverage is required)

1. What is the total number of titles currently available for distribution? _____

2. How many titles are added annually? _____

3. Have all necessary distribution rights been obtained for planned territories and release types?

☐ Yes

☐ No

4. Have all titles been previously released and/or broadcasted?

☐ Yes

☐ No

5. Has the Applicant produced any of the titles being distributed?

☐ Yes

☐ No

If "Yes":

a) What percentage of the titles distributed have been produced by the Applicant? _____ %

b) Is Individual Producers E&O Insurance placed for a minimum of three (3) years on these titles?

☐ Yes

☐ No

If "No", please provide details:

6. Please specify the types of films/programs distributed by the Applicant (Total must equal 100%)

Children's: _____ % Comedy: _____ % Docudrama: _____ % Documentary (Not Investigative/Exposé): _____ %

Drama: _____ % Game Show: _____ % Horror/Suspense: _____ % Investigative/Exposé: _____ %

Romance: _____ % Reality: _____ % Other (Describe): _____ %

7. Does the Applicant request proof of Producers E&O from all third-party suppliers of content?

☐ Yes

☐ No

If "Yes", has the Applicant been added as an Additional Insured to the supplier's policy?

☐ Yes

☐ No

If "No", please describe under what circumstances Producer's E&O is not verified:

8. Do distribution contracts with third-party content suppliers contractually:

a) verify that productions are free from claims?

☐ Yes

☐ No

b) hold harmless and indemnify the Applicant?

☐ Yes

☐ No

SECTION 3: PRIOR KNOWLEDGE AND CLAIM ACTIVITIES

1. In the past five (5) years:

- a) has any claim that may fall within the scope of the proposed insurance coverage been made against the Applicant or against any entity or individual proposed for coverage under this insurance? ☐ Yes ☐ No
- b) has any person or entity proposed for coverage under this insurance given notice of any fact, circumstance, situation, transaction, event, act, error, or omission under any policy of which the requested coverages would be a direct or indirect replacement? ☐ Yes ☐ No

If "Yes" to any of the above, please submit all details, including date of loss, claimant name, all defence and indemnity payments and reserves (if the claim remains open), and the claim status.

2. Is any person or entity proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission which could reasonably be expected to give rise to a claim that may fall within the scope of the proposed insurance?

☐ Yes ☐ No

If "Yes", please provide details:

SECTION 4: DISCLOSURE, AUTHORIZATION AND SIGNATURE

The undersigned representative of the Applicant:

- a) declares that they have been duly authorized by the Applicant to complete this Application and that all attachments, statements, representations and information submitted with this Application (together referred to as the "Application") are true and complete;
- b) declares that reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- c) acknowledges that this Application is relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by Intact Insurance under the insurance applied for, should the insurance be issued;
- d) agrees that if, prior to the effective date of the Policy, the information contained in this Application changes in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- e) acknowledges this application shall form part of the Policy and shall be the basis of the contract, should one be issued.

Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for by the Applicant.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.

Applicant Name (Print)

Applicant Title

Applicant Signature

Date

Account Executive

Brokerage Name

Address

Phone

Email