

Specialty Solutions Insurance

Producer and Entertainment Advantage Insurance

Companion Material Questionnaire

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.

This Questionnaire is attached to and forms part of the Producer and Entertainment Advantage Insurance Application and is subject to the same provisions concerning representations.

GENERAL INFORMATION					
1.	Applicant Name:				
2.	Production Name:				
SECTION 1: COMPANION MATERIAL (Only complete if coverage is required)					
1.	Will the production be creating any books, "making of" documentaries, ring tones, voice tones, screen savers, wallpaper, or any other representations of characters, storylines or other elements of the production? If "Yes", please provide a detailed description of the material being created:	□ Yes	□ No		
2.	Will there be a separate budget allotted for companion materials? If "Yes", please provide an additional budget for companion materials:	☐ Yes	□ No		
3.	Has all companion material been created under the control of the Applicant? If "No", do agreements with contractors include warranties and indemnities favoring the Applicant for claims	☐ Yes	□ No		
	related to services rendered?	☐ Yes	□ No		
4.	Has all companion material undergone the same clearance procedures as the production to ensure all necessary licenses, releases, and consents have been obtained?	□ Yes	□ No		
5.	Is the Applicant's attorney overseeing the clearance review of all companion materials? If "No", please explain:	□ Yes	□ No		
-	CTION 2: MEDCHANDISING (Only complete if coverage is required)				
	CTION 2: MERCHANDISING (Only complete if coverage is required) Please describe any merchandise being created in conjunction with the production:				
1.	Ticase describe any merchandise being created in conjunction with the production.				
2.	What is the anticipated revenue from merchandising activities?				
3.	Have all required consents and licenses been obtained to create merchandise?	☐ Yes	□ No		
4.	Will trademark and other appropriate searches be conducted and reviewed by the Applicant's attorney prior to merchandising characters or other matters?	☐ Yes	□ No		

5.	Is merchandise being designed and/or produced by licensees?	☐ Yes	□ No			
	If "Yes", do licensing agreements provide warranties and indemnities favoring the Applicant for any contributions made by the licensee to the design, production and marketing of the merchandising?	☐ Yes	□ No			
SE	CTION 3: SOUNDTRACK (Only complete if coverage is required)					
1.	Is the Applicant producing a soundtrack to accompany the production?	☐ Yes	□ No			
	If "Yes", has the Applicant's attorney reviewed all agreements to ensure all required licenses, clearances and consents have been obtained?	☐ Yes	□ No			
SE	CTION 4: WEBSITE (Only complete if coverage is required)					
1.	Will the Applicant produce a website for the production?	☐ Yes	□ No			
2.	If the Applicant is using an independent contractor to create or design the website, do agreements include warranties and indemnities favoring the Applicant for claims related to services rendered?	□ Yes	□ No			
3.	Will the website feature any of the following:					
	□ Blogs □ Bulletin Boards □ Chat Rooms					
	☐ Functionality to allow the downloading of music, images, or clips from the production					
	☐ Links to Social Media Platforms operated by the Applicant					
	If you checked "\(\overline{\text{\text{\text{\text{If}}}}\) to any of the above, please advise what type of risk management controls are used by the	Applicant	to limit			
	losses from copyright infringement, defamation, privacy and related media law matters.					
_						
Tor	me and conditions, including limits of coverage affered by Intest Insurance, may differ from these applied for by	, the Appli	ant			
ıeı	ms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for by					
	SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE APPLIED FOR HEREIN.					
App	olicant Name (Print) Applicant Title					
App	olicant Signature Date					