



## Specialty Solutions Insurance Producer and Entertainment Advantage Insurance Reality 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.

Enclose the following with this application:

- ☐ i. Documented release procedures
- ☐ ii. Copy of the release(s)

### GENERAL INFORMATION

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1. Applicant Name: \_\_\_\_\_
2. Production Name: \_\_\_\_\_

### REALITY PRODUCTION QUESTIONNAIRE

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1. What are the Applicant's policies and procedures regarding submissions of unsolicited materials?  
Please provide a short description:

\_\_\_\_\_

2. Please provide an overview of how the concept and/or format was developed for this series:

\_\_\_\_\_

3. Did any third party have input in the concept or format? ☐ Yes ☐ No  
If "Yes", please provide details:

\_\_\_\_\_

4. Has the Applicant, or any other entity/individual applying for insurance ever been approached with a production featuring a similar concept or format? ☐ Yes ☐ No

5. Please provide an overview of how the production has chosen participants for the production:

\_\_\_\_\_

6. Will Participants undergo any medical or psychiatric evaluations prior to filming? ☐ Yes ☐ No  
If "Yes", please provide details:

7. With respect to the release process used by the production:
- a) How are releases administered? \_\_\_\_\_
  - b) At what point during the production are releases signed by participants? \_\_\_\_\_
  - c) Is an authorized member of the production team present at signing? ☐ Yes ☐ No
  - d) Are the participants always made aware of the production's true concept/format and final presentation before signing a release? ☐ Yes ☐ No
  - e) Has the Applicant's attorney reviewed and approved the release and release process used by the Applicant? ☐ Yes ☐ No
8. At any point during filming, will participants be under the influence of drugs or alcohol? ☐ Yes ☐ No
- If "Yes", how does this impact the release process? Please provide details:

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9. Will the production feature participants under the age of 18? ☐ Yes ☐ No
- If "Yes", will the Applicant ensure that releases acceptable to their attorney are also obtained from all parents and/or guardians of the participant? ☐ Yes ☐ No
10. Will the production include the use of any pranks or hidden cameras? ☐ Yes ☐ No
- If "Yes", please provide details:

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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