



Motion Picture/ Television Production Application
General Information

Production Entity: _____

Address: _____

Phone: _____ Email: _____

Applicant is: Corporation Partnership or Individual

List prior productions: _____

Title	Insurance Carrier
_____	_____
_____	_____
_____	_____

Has the applicant and/or producer had any form of insurance cancelled or declined in the past?

No Yes (if yes, please explain)

Please describe any previous losses of \$25,000 or more in the past five (5) years:

Title _____ Running Time: _____

Type/Production: Feature MOW Mini Series
 Series Pilot/ Special Other: _____

Story Line: _____

Producer: _____
Director: _____
Director of Photography: _____
Production Coordinator: _____
Stunt Coordinator: _____
Special Effects Coordinator: _____



Source of Financing: _____
Gross Production Cost

Below the Line	_____	Cost of Hire	_____
Story/ Scenario	_____	Bond	_____
Post Production	_____	2 nd Run Residuals	_____
Insurance (Prod. Pkg)	_____	Finance/ Bank Fees	_____
Contingency	_____	Other:	_____
Net Insurable Cost	_____		_____

Any optional items to be insured (i.e.: story, interest, finance charges) _____

Start Date of Principal:	_____	Completion Date of Principal:	_____
Start Date of Pre-Production:	_____	Est. Date of Protection Print	_____
# Days of Principal	_____	Locations/ Days at Each:	_____

This Production involves (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Underwater Filming | <input type="checkbox"/> Motorcycles |
| <input type="checkbox"/> Airborne Crafts | <input type="checkbox"/> Special Vehicles | <input type="checkbox"/> Waterborne Crafts |
| <input type="checkbox"/> Railroad Cars or Equipment | <input type="checkbox"/> Other: _____ | |

If checked, please describe in detail: _____

Stunts: _____

Pyrotechnics: _____

Special Hazards: _____

Number of Cast Members: _____

Artists (name, age, role): _____

Any stop dates in any Artists Contracts: _____



REEL MEDIA
CANADA

Value of Equipment:

Rented: _____ Owned: _____

Production is on: 16MM 35MM Video 70MM Digital

Type of Camera: _____

Any one of a kind/ special type of equipment used? Yes No

If yes, provide details and values: _____

Names and qualifications of persons
experienced with equipment:

Estimate Time to Replace Equipment: _____

Where is equipment kept when not in
use? _____

How and how often are negative shipped
for processing? _____

Post Production name and location: _____

Dailies viewed: _____

How are negatives/ video/ hard drives transported to lab/ post facility? _____

Any special effects/ processing to negative _____

Will entire original developed negative be shipped at one time? Yes No

Will the highest standard industry procedures be used to fully test
cameras, lenses and equipment until proved to be sound prior to
commencement of filming? Yes No

Value of Props/ Sets:

Rented: _____ Owned: _____

Estimated time needed to reconstruct sets: _____

What other location/facilities would be immediately available: _____



Any special sets constructed? If so, provide details and values: _____

Protection of property: _____

Security: _____

Any "one of a kind" Fine Arts / Jewelry / Antiques? _____

Description of Location/Facilities used where values are in excess of \$1 million _____

Any medical facilities provided or medical professional employees or contracted? _____

**INSURANCE
COVERAGES**

Production Package:

COVERAGE	LIMITS	DEDUCTIBLE
Cast	\$	\$
Negative Film	\$	\$
Faulty Stock / Camera Processing	\$	\$
Props/Sets/Wardrobe	\$	\$
Extra Expense	\$	\$
Miscellaneous Equipment	\$	\$
Third Party Property Damage	\$	\$
Office Contents	\$	\$
Money and Securities	\$	\$
Auto Physical Damage	\$	\$
Jewelry/Fine Arts	\$	\$
Animal Mortality	\$	\$



Commercial General Liability:

Each Occurrence	General Aggregate
\$ _____	\$ _____

Umbrella:

Each Occurrence	General Aggregate
\$ _____	\$ _____

Non-Owned & Hired Automobile Liability:

Limit:	\$ _____
Cost of Hire	\$ _____
Production Vehicles:	\$ _____
Commercial Vehicles:	\$ _____
Picture Cars	\$ _____

Signing this application does not bind the Applicant or the Company to complete the insurance, but is understood and agreed that the information contained herein shall be the bases of the contract should the 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.

Date _____ Applicant _____
 By _____
 Title _____
 Agent/ Broker _____
 Address _____
 Contact _____
 Phone Number _____