

Short Term Productions II Application

Contact Information

Named Insured: _____

Entity Type: Individual LLC LLP Corporation Non-Profit Trust

Country of Residency (if individual): _____

Country of Registration (all others): _____

Primary Address (no PO Box for primary): _____

Mailing Address (if different to primary): _____

Contact Person: _____

Phone / Fax: _____

Email: _____

Website: _____

Federal ID/Social Security #: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Gangster Rap Music, Hard-Core/Soft-Core Porn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any unprotected or open heights above 15 feet or employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is coverage required outside of the U.S. and Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confirm that only one production can be covered by the policies issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Prior Production With Any Losses of Any Kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Production Details

Title of Production _____

Type of Production _____

Budget (Gross Production Cost) _____
(Maximum eligible budget is \$1,000,000)

Brief Description/Synopsis of Shoot _____

Cities & States of Shooting Locations _____

For Music Videos Only

Type of Music _____

Music Decade _____

Artist Name _____

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Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)

At a minimum, either the executive producer or producer must be listed.

Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
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Coverage Options

Effective & Expiration Dates of Coverage

Up to 12 months

Inland Marine

Rented Equipment Limit	\$	_____
Owned Equipment Limit	\$	_____
Props, Sets, Wardrobe Limit	\$	_____
Negative Film/Faulty Stock (Limit equals the budget, up to \$250,000)	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude
Extra Expense	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000
	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Third Party Property Damage	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000
	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 1,500,000
	<input type="checkbox"/> 2,000,000	

General Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> \$1,000,000 / \$1,000,000
	<input type="checkbox"/> \$1,000,000 / \$2,000,000
	<input type="checkbox"/> \$2,000,000 / \$2,000,000
	<input type="checkbox"/> \$3,000,000 / \$3,000,000
	<input type="checkbox"/> \$4,000,000 / \$4,000,000
	<input type="checkbox"/> \$5,000,000 / \$5,000,000
Blanket Additional Insureds/Certificates of insurance	Automatically Included
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Hired & Non-Owned Auto

Liability	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$4,000,000
	<input type="checkbox"/> \$5,000,000
Physical Damage (Limit per vehicle/aggregate limit)	<input type="checkbox"/> 125,000 / 500,000
	<input type="checkbox"/> 250,000 / 500,000

Workers Compensation

Workers comp required by SAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Shoot Days	_____
Number of Full time Cast/Crew	_____
Part Time Cast/Crew	_____
Payroll W-2, 1099, Deferred, Other	_____
Class Code(s)	_____
Payroll Company Name (if any)	_____
Officers to exclude (Name & Title)	_____

Signature:

Date: