

APPLICANT/COMPANY NAME _____

ENTITY TYPE (PLEASE CHECK) INDIVIDUAL PARTNERSHIP LLC CORPORATION OTHER

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

PHONE _____ EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIOR INSURANCE

HAVE YOU HAD ANY PRIOR ENTERTAINMENT / PRODUCTION INSURANCE FOR YOUR COMPANY? YES NO

HAVE YOU HAD ANY CLAIMS OR LOSSES IN THE LAST 5 YEARS? YES NO

IF YES, PLEASE DESCRIBE THE CLAIM, INCLUDING THE AMOUNT PAYOUT

UNDERWRITING QUESTIONS

WILL YOUR PROJECT HAVE ANY SPECIAL HAZARDS? YES NO

IF YES, PLEASE DESCRIBE

WILL ANY PRODUCTION ACTIVITIES TAKE PLACE OUTSIDE OF THE U.S. AND CANADA? YES NO

PLEASE PROVIDE DETAILED DESCRIPTION OF BUSINESS OPERATIONS:

Please indicate if your production/project will include any of the below. If you check off a box, please provide more information on the activity including a description, SHOOT DATES AND NUMBER OF SCENES:

<input type="checkbox"/> STUNTS / FIGHT SCENES	<input type="checkbox"/> MOTORIZED VEHICLES
_____	_____
_____	_____
<input type="checkbox"/> PYROTECHNICS	<input type="checkbox"/> ANIMALS
_____	_____
_____	_____
<input type="checkbox"/> WATERCRAFT	<input type="checkbox"/> BLANKS, SQUIBS, OR GUNS
_____	_____
_____	_____
<input type="checkbox"/> FILMING ABOVE AND / OR UNDERWATER	<input type="checkbox"/> FILMING OUTSIDE THE UNITED STATES
_____	_____
_____	_____
<input type="checkbox"/> AIRCRAFT OR HELICOPTERS	<input type="checkbox"/> SPORTS ACTIVITIES
_____	_____
_____	_____
<input type="checkbox"/> LIVE HIP HOP CONCERT / PERFORMANCES	<input type="checkbox"/> OTHER HAZARDOUS ACTIVITIES
_____	_____
_____	_____

DESIRED INSURANCE COVERAGE

GENERAL LIABILITY

(PLEASE SELECT & COMPLETE **ONLY ONE** OF THE THREE GENERAL LIABILITY BOXES BELOW)

OPTION 1 NO GENERAL LIABILITY NEEDED

NONE - By checking this box, I confirm I am NOT requesting any general liability insurance and will not need to name any entities or vendors as "additional insured."

OPTION 2 GENERAL LIABILITY ONLY TO RENT EQUIPMENT ONLY

By checking this box, I understand that I am requesting a quote for general liability insurance for the sole purpose to rent equipment and the liability associated with the equipment only. I understand that the liability is **NOT** going cover any other activity or liability associated with producing films, productions or events including obtaining locations/permits.

SELECT YES OR NO	COVERAGE	SELECT LIMITS
<input type="checkbox"/> YES <input type="checkbox"/> NO	GENERAL LIABILITY	<input type="checkbox"/> 1,000,000 / \$1,000,000 or <input type="checkbox"/> 1,000,000 / \$2,000,000

OPTION 3 GENERAL LIABILITY FOR LOCATIONS & TO RENT EQUIPMENT

Liability for Locations & to Rent Equipment—By checking this box, I am requesting a quote for production liability insurance, including location liability for film permits. This also includes liability to rent equipment.

SELECT YES OR NO	COVERAGE	SELECT LIMITS
<input type="checkbox"/> YES <input type="checkbox"/> NO	GENERAL LIABILITY	<input type="checkbox"/> \$1,000,000 / \$1,000,000 or <input type="checkbox"/> \$1,000,000 / \$2,000,000
<input type="checkbox"/> YES <input type="checkbox"/> NO	3RD PARTY PROPERTY COVERAGE <i>select</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
<input type="checkbox"/> YES <input type="checkbox"/> NO	CITY / SPECIAL CERTIFICATES (i.e. FILM PERMIT OFFICE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	WAIVER OF SUBROGATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO	PRIMARY AND NON-CONTRIBUTORY WORDING	

PRODUCTION / PROJECT INFORMATION

TYPE OF PRODUCTIONS (i.e. short, feature, etc) _____

NUMBER OF PROJECTS YOU ESTIMATE TO DO A YEAR _____

MAXIMUM GROSS PRODUCTION COST FOR ONE PROJECT \$ **ANNUAL GROSS PRODUCTION COST** \$

ANNUAL ESTIMATED GROSS SALES / INCOME \$

LOCATIONS FOR FILM / PROJECT (City & State)

Will you ever rent any one location for more than 7 consecutive days for this project? YES NO

MAXIMUM NUMBER OF DAYS FOR ANY ONE PROJECT _____

KEY PRODUCTION CONTACT (Must be Producer or Executive Producer)

FULL NAME OF PRODUCER OR EXECUTIVE PRODUCER _____

TITLE _____ **FEDERAL EMPLOYMENT ID NUMBER** _____

DRIVER'S LICENSE NUMBER _____ **DRIVER'S LICENSE STATE OF ISSUANCE** _____

OFFICE PREMISE LIABILITY

SELECT YES OR NO

COVERAGE

YES NO

OFFICE PREMISE LIABILITY

SQUARE FOOTAGE OF OFFICE SPACE _____ NUMBER OF STORIES OF YOUR ENTIRE BUILDING _____

DOES YOUR OFFICE HAVE AN ALARM CONNECTED TO AN OUTSIDE MONITORING SERVICE? YES NO

YEAR BUILDING WAS BUILT _____

YEAR YOUR BUILDING WAS UPDATED FOR HEATING _____ ELECTRICAL _____ PLUMBING _____ ROOFING _____

WHAT KIND OF FOOT TRAFFIC DO YOU HAVE AT YOUR OFFICE?

IS YOUR BUILDING SPRINKLERED? YES NO

PRODUCTION EQUIPMENT

(EXCLUDING AUTOS OR VEHICLES)

SELECT YES OR NO

COVERAGE

SELECT LIMITS

YES NO

RENTED PROPS, SETS, AND WARDROBES

\$ _____*

YES NO

RENTED PRODUCTION EQUIPMENT (Not including props, sets and wardrobes)

\$ _____*

*NOTE: The 'selected limits' should be the total replacement cost value of all rented equipment from all rental houses/individuals at any one time, **NOT** the cost of the rental

YES NO

CONTINUING RENTAL FEES

\$2,500 \$5,000 \$10,000 \$25,000

(IF YOU HAVE A CLAIM, THIS CONTINUES PAYING YOUR RENTAL INCOME TO THE PERSON/ORGANIZATION WHO IS RENTING THEIR EQUIPMENT TO YOU, UNTIL THE CLAIM IS CLOSED)

DO YOU HAVE ANY ONE ITEM OVER \$150,000 YOU ARE RENTING? YES NO

YES NO

OWNED PRODUCTION EQUIPMENT

\$ _____

YES NO

OWNED MUSICAL INSTRUMENTS

\$ _____

YES NO

RENTAL REIMBURSEMENT (Select 1)

\$5,000 \$10,000 \$25,000

(IF YOU HAVE A VALID EQUIPMENT CLAIM, RENTAL REIMBURSEMENT PAYS FOR YOUR RENTAL FEES INCURRED IF YOU HAVE TO RENT EQUIPMENT TO CONTINUE YOUR OPERATIONS. PLEASE SELECT ONE OF THE 3 OPTIONS ABOVE IF YOU WISH TO ADD)

DO YOU EVER RENT OR LEND OUT YOUR OWNED EQUIPMENT TO OTHER PEOPLE, UNACCOMPANIED BY YOU FOR MORE THAN 25% OF YOUR ANNUAL REVENUES? YES NO

IF YES, would you like to purchase Rented Equipment To Others Coverage? YES NO

IF YES, what is the maximum value of equipment you rent out to other people (unaccompanied by you) at any one time? \$ _____

NOTE: IF YOU RENT YOUR OWN EQUIPMENT TO OTHERS FOR LESS THAN 25% OF YOUR BUSINESS, THIS IS AUTOMATICALLY COVERED IN YOUR TOTAL OWNED EQUIPMENT, AND YOU DO NOT TO ENTER A LIMIT ABOVE

Do you require your renters to sign a rental contract that states they are responsible for theft or damages to your equipment? YES NO

Would you like to add Voluntary Parting & False Pretense Coverage? YES NO

(MAXIMUM COVERAGE LIMIT FOR THIS IS \$100,000. IF YOU RENT YOUR EQUIPMENT TO OTHERS, UNACCOMPANIED BY YOU, THIS COVERS THE SITUATION WHEN YOUR RENTER DOES NOT RETURN WITH YOUR EQUIPMENT)

WILL ANY OF YOUR EQUIPMENT BE GOING ABOVE OR UNDER WATER? YES NO

IF YES, WHAT IS THE MAX LIMIT THAT WILL GO ABOVE OR UNDER WATER? \$ _____

WHERE DO YOU STORE YOUR EQUIPMENT MAJORITY OF THE YEAR? _____

Does this location have an alarm system connected to a monitoring service? YES NO

DO YOU TRAVEL OUTSIDE OF THE US MORE THAN 5 TIMES A YEAR WITH YOUR EQUIPMENT? YES NO

IS ANY OF YOUR OWNED EQUIPMENT OVER \$5,000 A PIECE? YES NO

(IF YES, WE WILL NEED A SCHEDULE OF ITEMS OVER \$5,000 A PIECE (MAKE, MODEL, SERIAL NUMBER, AND REPLACEMENT VALUE INCLUDING SALES TAX. IF THESE ITEMS ARE NOT SCHEDULED, THERE WILL BE NO COVERAGE FOR THOSE ITEMS IN THE EVENT OF A CLAIM.)

Currently the policy excludes theft from an unlocked vehicle, which means there is no coverage for theft from an unlocked vehicle. You can remove this warranty for an additional 10% premium charge. DO YOU WISH TO ADD THIS? YES NO

PLEASE SELECT ONE OF THE FOLLOWING DEDUCTIBLES \$250 \$500 \$1,000 \$2,500

AUTO LIABILITY

SELECT YES OR NO

YES NO
 YES NO

COVERAGE

NON-OWNED & HIRED AUTO LIABILITY
 NON-OWNED & HIRED AUTO PHYSICAL DAMAGE

IF YOU SELECTED YES, WHAT IS THE COST OF HIRE (rental cost) \$

HOW MANY VEHICLES WILL YOU BE RENTING? _____ HOW MANY DAYS? _____

WHAT KIND OF VEHICLE(S) ARE YOU RENTING?

EXCESS LIABILITY

SELECT YES OR NO

YES NO

COVERAGE

EXCESS LIMIT

SELECT LIMITS

\$

WORKERS COMPENSATION

NOTE: IF YOUR PRODUCTION INVOLVES ANY HAZARDOUS ACTIVITIES OR STUNTS, WE CANNOT QUOTE WORKERS COMPENSATION

SELECT YES OR NO

YES NO
 YES NO

COVERAGE

WORKERS COMPENSATION
 WAIVER OF SUBROGATION

SELECT LIMITS

\$

IF YES, WHAT IS THE NAME OF THE COMPANY REQUESTING THE WAIVER OF SUBROGATION? _____

NUMBER OF CAST MEMBERS _____ HOW MANY ARE FULL-TIME? _____ PART TIME? _____

NUMBER OF CREW MEMBERS _____ HOW MANY ARE FULL-TIME? _____ PART TIME? _____

TOTAL PAYROLL FOR ALL CAST AND CREW MEMBERS EXCLUDING OWNERS \$

NAME OF OWNERS MUST BE LISTED (The below individual(s) will be excluded from Workers Compensation coverage)

1 FULL NAME _____ TITLE _____

2 FULL NAME _____ TITLE _____

3 FULL NAME _____ TITLE _____

FEDERAL ID NUMBER OF CORPORATION OR SOCIAL SECURITY NUMBER OF OWNER _____

ACCIDENT MEDICAL COVERAGE

NOTE: This IS NOT Workers Compensation Coverage. It reimburses medical expenses sustained to cast or crew while participating in the filming operations, excess of any existing health insurance available. If anyone is already covered by Workers Compensation, then they are not eligible for Accident Medical Coverage

SELECT YES OR NO

YES NO

COVERAGE

ACCIDENT MEDICAL

SELECT ONE LIMIT

\$10,000 per person
 \$50,000 per person

\$25,000 per person
 \$100,000 per person

NUMBER OF CAST MEMBERS _____ NUMBER OF CREW MEMBERS _____

ARE ANY ABOVE MEMBERS CURRENTLY COVERED BY WORKERS COMPENSATION? YES NO

CERTIFICATE HOLDERS

(PLEASE LIST ALL THE NAMES AND ADDRESS OF THE LOCATIONS AND RENTAL HOUSES THAT REQUIRE TO BE NAMED AS A CERTIFICATE HOLDER)

1 NAME _____

A FULL ADDRESS _____

B TYPE OF CERTIFICATE HOLDER (I.E. RENTAL HOUSE, LOCATION, ETC.) _____

2 NAME _____

A FULL ADDRESS _____

B TYPE OF CERTIFICATE HOLDER (I.E. RENTAL HOUSE, LOCATION, ETC.) _____

3 NAME _____

A FULL ADDRESS _____

B TYPE OF CERTIFICATE HOLDER (I.E. RENTAL HOUSE, LOCATION, ETC.) _____

4 NAME _____

A FULL ADDRESS _____

B TYPE OF CERTIFICATE HOLDER (I.E. RENTAL HOUSE, LOCATION, ETC.) _____

NOTE: Please send a list with additional Certificate Holders if necessary

PLEASE REVIEW THE FOLLOWING TERMS

- 1** Coverage **CANNOT** be **CANCELLED** once **BOUND**. Premiums and Fees are **FULLY EARNED** and **NON-REFUNDABLE** upon binding (ordering) your insurance policy.
- 2** There may be an Additional Premium due for any changes made after the policy is bound.
- 3** Coverage is only valid within the United States unless otherwise specified.
- 4** This quoted policies will not include Cast Coverage , Errors & Omissions (the Content or Media Liability of your Film/Project), or any other coverage that was not requested to be quoted on this application. A field left blank will be assumed to mean that you do not want that coverage.
- 5** A Broker Fee, Policy Fee and/or Administrative Fee may be charged by Athos Insurance Services for the placement and administrative services provided. All fee amounts will be listed and disclosed on the quote. This fee is fully earned upon binding coverage.
- 6** I verify that all the information provided on this application is true and accurate to the best of my knowledge and that I have read and accept the terms above. Misrepresentation of information may make my coverage null and void.

_____ **I HAVE READ AND ACKNOWLEDGED THE ABOVE**
(PLEASE INITIAL)

DATE ___ MO / ___ DAY / ___ YR

ATHOS INSURANCE SERVICES

M: P.O. BOX 61102, PASADENA, CA 91116
P: 626-716-9800 F: 626-701-5047
E: SERVICE@ATHOSINSURANCE.COM
LIC #: 0H94681