



PLEASE BE SURE TO COMPLETE AND RETURN THIS APPLICATION ALONG WITH A COPY OF ANY INSURANCE REQUIREMENTS THAT NEED TO BE SATISFIED

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 3 YEARS? YES NO

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

UNDERWRITING QUESTIONS

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

WILL YOUR PROJECT HAVE ANY SPECIAL HAZARDOUS ACTIVITIES OR STUNTS? YES NO

IF YES, PLEASE DESCRIBE

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:**

STUNTS / FIGHT SCENES

MOTORIZED VEHICLES

PYROTECHNICS

ANIMALS

WATERCRAFT

BLANKS, SQUIBS, OR GUNS

FILMING ABOVE AND / OR UNDERWATER

FILMING OUTSIDE THE UNITED STATES

AIRCRAFT, HELICOPTERS OR DRONES

SPORTS ACTIVITIES

LIVE HIP HOP CONCERT / PERFORMANCES

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

TITLE OF FILM / PROJECT _____

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

NUMBER OF LOCATIONS FOR FILM / PROJECT _____ **NUMBER** OF SHOOT DAYS _____

LOCATIONS FOR FILM / PROJECT (List **ALL** Locations Including City & State) _____

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

Will there be any temporary structures installed/built for your project? YES NO

Will any of your locations be a bar or nightclub? YES NO

Will there be any constructing or sets being done by your production company or people you hire? YES NO

How many total cast/crew members will there be for your entire production? _____

How will the filming area be sectioned off from the general public? _____

SYNOPSIS OF FILM / PROJECT (please provide a detailed synopsis that includes a description of your scenes and all activities of your production) _____

TOTAL PROJECT BUDGET \$

PRODUCTION DATES (Include Days you're picking up & returning EQUIPMENT)

START DATE MO / DAY / YR to **END DATE** MO / DAY / YR

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** _____

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 (+\$27) or \$5,000 (+\$54)

(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)

PICK-UP DATE OF EQUIPMENT MO / DAY / YR

RETURN DATE OF EQUIPMENT MO / DAY / YR

DO YOU HAVE ANY ONE ITEM OVER \$150,000 YOU ARE RENTING?

YES NO

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 WILL THE EQUIPMENT BE STORED OVERNIGHT? _____

HOW WILL THE EQUIPMENT BE SECURED? _____

WOULD YOU LIKE TO ADD COVERAGE FOR THEFT FROM AN UNLOCKED VEHICLE?

YES NO

PLEASE SELECT ONE OF THE FOLLOWING DEDUCTIBLES \$250

\$500

\$1,000

\$2,500

AUTO LIABILITY

SELECT YES OR NO

COVERAGE

YES NO

NON-OWNED & HIRED AUTO LIABILITY

IF YOU SELECTED YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1 ARE ALL DRIVERS AT LEAST 25 YEARS OF AGE?

YES NO

2 DO ALL DRIVERS HAVE A VALID UNITED STATES DRIVER'S LICENSE?

YES NO

3 DO ANY OF THE RENTED VEHICLES SEAT MORE THAN 12 PEOPLE?

YES NO

4 WHAT WILL THE VEHICLES BE USED FOR? _____

YES NO

NON-OWNED & HIRED AUTO PHYSICAL DAMAGE

IF YOU SELECTED YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1 WHAT IS THE MAKE AND MODEL OF THE VEHICLE(S) YOU ARE RENTING? _____

2 WHAT IS THE COLOR OF THE VEHICLE(S) YOU ARE RENTING? _____

3 HOW ARE THE DRIVERS' HISTORY CHECKED? _____

4 HAVE ANY OF YOUR DRIVERS HAD ANY DRIVING VIOLATIONS IN THE LAST 3 YEARS?

YES NO

5 WHAT IS THE COST OF HIRE? (rental cost)

\$

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

7 WHAT KIND OF VEHICLE(S) ARE YOU RENTING? _____

EXCESS LIABILITY

SELECT YES OR NO

COVERAGE

SELECT LIMITS

YES NO

EXCESS LIMIT

\$

WORKERS COMPENSATION

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

SELECT YES OR NO

COVERAGE

YES NO

WORKERS COMPENSATION

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 for **ONE** project. Multiple projects require multiple policies or one Annual policy, which must be quoted separately.
- 4** Coverage is only valid within the United States. I understand that if I have international activities, I will have to purchase a foreign production policy.
- 5** 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.
- 6** 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.
- 7** 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.
- 8** I understand that it is my responsibility to provide Athos Insurance with any insurance requirements I have signed or agreed to, before purchasing any policies. I acknowledge that failure to provide Athos with these requirements may prevent me from receiving the most proper insurance policies and can result in additional premiums due to satisfy requirements after policies have been purchased.

I HAVE READ AND ACKNOWLEDGED THE ABOVE
 (PLEASE INITIAL)

DATE / /