

Short Term Production Application

Contact Information

Named Insured: _____

Entity Type: Individual Partnership Joint Venture LLC Corporation

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Federal ID/Social Security #: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Rap Music? Yes No

Is coverage required outside of the U.S. and Canada? Yes No

Any Prior Production With Any Losses of Any Kind? Yes No

Production Details

Type of Production _____

Title of Production _____

Budget (Gross Production Cost) _____

Brief Description/Synopsis of Shoot _____

Cities & States of Shooting Locations _____

Coverage Dates of the Production _____

For Music Videos Only

Type of Music _____

Music Decade _____

Artist Name _____

Short Term Production Application

Coverage Options

Property

Rented Equipment Limit	\$ _____
Props, Sets, Wardrobe Limit	\$ _____
Negative Film/Faulty Stock	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Extra Expense	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Third Party Property Damage	<input type="checkbox"/> None <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000

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 \$125,000 per vehicle, \$500,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Workers Compensation

Workers comp required by SAG?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Cast	_____
Crew	_____
Volunteers	_____
Payroll W-2	_____
1099	_____
Deferred	_____
Other	_____
Payroll Company Name (if any)	_____
Officer 1 Name & Title	_____
Officer 2 Name & Title	_____

Signature: _____	Date: _____
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