

# Foreign Production Package Application

## About This Program

This application is used to insure a single production taking place overseas with any sized budget and up to 12 months in duration.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

## Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

## Underwriting Qualification Questions

Are there any planned activities involving any of the following special hazards? Stunts, Pyrotechnics, Use of Aircraft, Interaction with Wild Animals, Operation or Control of Aircraft.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any filming whereby you will have control over use of public roadways?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any bankruptcies in the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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## Productions Details

Production Name	
Type of Production	
Gross Production Cost	
Production Start/End Dates (up to 12 months)	From:     /     /     To:     /     /
Number of Episodes (if applicable)	
Length of Episode	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> 90 minutes <input type="checkbox"/> 120 minutes
Where will Production Take Place	
Country	
State / Province	
Shooting Location	
Synopsis	

## Music Videos Only

Type of Music	
Music Decade	<input type="checkbox"/> Prior to 50's <input type="checkbox"/> 50's <input type="checkbox"/> 60's <input type="checkbox"/> 70's <input type="checkbox"/> 80's <input type="checkbox"/> 90's <input type="checkbox"/> 2000 and beyond
Artist's Name	

## Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)  
At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

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## Coverages

Dates of Coverage (up to 1 year)

Effective:     /     /     Expiration:     /     /

Coverage	Limit	Deductible
<b>General Liability</b> (* Indicates required coverages)		
Occurrence / Aggregate Limit *	<input type="checkbox"/> 1m / 2m <input type="checkbox"/> 2m / 2m <input type="checkbox"/> 3m / 3m <input type="checkbox"/> 4m / 4m <input type="checkbox"/> 5m / 5m	n/a
Blanket Additional Insureds/Certificates of insurance	Included	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

## Contingent Automobile

Hired & Non-Owned Auto Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m	n/a
Hired & Non-Owned Auto Physical Damage (per accident/aggregate limit)	<input type="checkbox"/> Exclude <input type="checkbox"/> 25k / 25k	n/a

## Workers Compensation

Benefits for Voluntary Compensation – North Americans	<input type="checkbox"/> Exclude <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m	n/a
Number of Employees from US and/or Canada		
Maximum Number of Employees per Flight	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	n/a

## Equipment Floater

Unscheduled Owned Equipment	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	Varies based on limit selected.
Rented Equipment, Props, Sets & Wardrobe	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	Varies based on limit selected.
Negative Film/Faulty Stock (limit equals your budget, up to \$25,000)	<input type="checkbox"/> 25,000	2,500

## Travel Accident

Guild Members	1,000,000	n/a
Non-Guild Members	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000	n/a
Aggregate Limit	<input type="checkbox"/> 5,000,000 <input type="checkbox"/> 10,000,000	n/a

Applicant Signature:

Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Agency/Agent:

License Number:

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

# Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MAINE, TENNESSEE, VIRGINIA, or WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

**THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.**

_____ SIGNATURE OF APPLICANT	_____ DATE
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