

Acquisition & Development and Film Library E&O

About This Program

This application is used to insure:

- a) Acquisition & Development
- b) A film library with revenues up to \$20,000,000

Required Documents

The following documents are required to apply for coverage:

- This application including signature on page 7
- If you have a film library:
 - Listing of all titles in your library
 - Your standard distribution agreement

NOTICES:

Applicable in all states but NY: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts for defense costs shall be applied against the retention amount.

Applicable in NY: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs, and may be completely exhausted by such amounts. We shall not be liable for defense costs or for the amount of any judgement or settlement after exhaustion of the policy limit. Further note that amounts for defense costs shall be applied against the retention amount.

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
Applicant Ownership	<input type="checkbox"/> Publicly Traded <input type="checkbox"/> Privately Held
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:	
Description of Operations:	

Insurance History

Any insurance declined, cancelled or non-renewed that provided the same or similar coverage as the insurance sought? (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
			/ /	
			/ /	

Are You aware of any claims or legal proceedings made or commenced against You or any of Your officers, members, or partners within the last five (5) years for: (1) invasion of privacy or false light; (2) IP infringement; (3) defamation; or (4) breach of contract arising out of the alleged submission of any ideas, story line, or script? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Prior Coverage

Do you currently have a media liability insurance policy? If yes, what is the renewal date?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____/____/____
Name of Insurer	
Limit of Liability	<input type="checkbox"/> 1m/1m <input type="checkbox"/> 1m/2m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 1m/3m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 2m/5m <input type="checkbox"/> 3m/5m <input type="checkbox"/> 5m/5m
Retention (Deductible)	<input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 7,500 <input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
Premium	

Acquisition & Development and Film Library E&O

Qualification Questions

Does any production involve any of the following: animation, pornographic materials, ride alongs, hidden cameras, pranks and consumer voting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using a clearance attorney with at least 5 years of relevant media law experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Procedures

Development of Projects

1. Do you accept unsolicited submissions outside of agents or lawyers submissions? If yes, what are your unsolicited submissions procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
2. What percentage of projects that you acquire for development do you also produce post principle photography?	
1. Are any productions based on underlying works? If no: a) Are you aware of any similar format or concept? b) Has any similar format or similar material been submitted to you at any time? If yes: a) Are copyright reports always obtained? b) Are these always checked for any ambiguities, gaps or problems in the chain of title? c) Has the chain of title of all works on which the productions are based been thoroughly investigated and cleared back to the original copyright owners to determine that all grants or transfers in the chain of title permit you to assign or sublicense the material as incorporated in your productions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Contractual Provisions for Third Party Acquired Productions

1. Does the applicant obtain full indemnities from sellers against liability arising out of the distribution, exhibition or other use of the productions acquired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant require the seller to warrant that each production has producers errors and omissions insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contractual Provisions for Productions Licensed for Distribution

1. Does the applicant obtain full indemnities from the licensor against any liability arising out of the distribution, exhibition or other use of the productions licensed for distribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant require the licensor to warrant that each production has current producers errors and omissions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims Details

1. Have you suffered any loss or has any claim, whether successful or not, ever been made against you? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
2. Are you aware of any matter which is likely to lead to you suffering a loss or claim or a claim being made against you? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

Material Information

1. Is there any other information which may be material to our consideration of your application for insurance (If you have any doubt over whether something is relevant, please let us have details).	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
--	--

Acquisition & Development and Film Library E&O

Library Details

<p>1. Do You have a Film Library</p> <p>If yes:</p> <p>a) How many titles in your library</p> <p>b) What percentage of your library titles have you produced or acquired?</p> <p>c) What percentage of your library titles do you license for distribution and do not own the rights?</p> <p>d) What percentage of your library titles first exhibited prior to 1978?</p> <p>e) Have you purchased producer's errors and omissions coverage for all titles produced by you in your library? If no, please explain:</p> <p>f) Are any titles in the library reality, documentaries, animation, or quiz/game shows?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

Distribution Details

<p>Estimated gross annual revenues from:</p> <p>All sources</p> <p>Distribution</p>	<table border="1"> <thead> <tr> <th>Current Year</th> <th>Prior Year</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Current Year	Prior Year	_____	_____	_____	_____				
Current Year	Prior Year										
_____	_____										
_____	_____										
<p>Gross annual revenue allocation based on type of distribution:</p> <p>Pure distribution where you do not acquire production rights but a distribution license</p> <p>Distribution where you purchased the rights to the productions</p>	<p>_____</p> <p>_____</p>										
<p>Estimated number of productions to be distributed annually which are:</p>	<p><input type="checkbox"/> Feature Film (for theatrical release)</p> <p><input type="checkbox"/> Films for Television</p> <p><input type="checkbox"/> Films for DVD only</p> <p><input type="checkbox"/> Television Series</p> <p><input type="checkbox"/> Reality Television</p> <p><input type="checkbox"/> Webisodes/Internet Productions</p> <p><input type="checkbox"/> Docu-dramas</p> <p><input type="checkbox"/> Documentaries</p> <p><input type="checkbox"/> Animation</p> <p><input type="checkbox"/> Quiz/Game Shows</p> <p><input type="checkbox"/> Other _____</p>										
<p>Distribution Territory</p>	<table border="1"> <tr> <td><input type="checkbox"/> Local</td> <td>90% of distribution within local area (population less than 100,000)</td> </tr> <tr> <td><input type="checkbox"/> Metro</td> <td>90% of distribution within larger metro area (population 100,000 or greater)</td> </tr> <tr> <td><input type="checkbox"/> Regional</td> <td>90% of distribution within 2 to 6 states</td> </tr> <tr> <td><input type="checkbox"/> National</td> <td>90% of distribution within the nation</td> </tr> <tr> <td><input type="checkbox"/> International</td> <td>Greater than 10% of distribution outside the nation</td> </tr> </table>	<input type="checkbox"/> Local	90% of distribution within local area (population less than 100,000)	<input type="checkbox"/> Metro	90% of distribution within larger metro area (population 100,000 or greater)	<input type="checkbox"/> Regional	90% of distribution within 2 to 6 states	<input type="checkbox"/> National	90% of distribution within the nation	<input type="checkbox"/> International	Greater than 10% of distribution outside the nation
<input type="checkbox"/> Local	90% of distribution within local area (population less than 100,000)										
<input type="checkbox"/> Metro	90% of distribution within larger metro area (population 100,000 or greater)										
<input type="checkbox"/> Regional	90% of distribution within 2 to 6 states										
<input type="checkbox"/> National	90% of distribution within the nation										
<input type="checkbox"/> International	Greater than 10% of distribution outside the nation										

Third Parties

Input third parties to whom you intend to provide productions to in the coming year.

Name of Third Party	Types of Productions

Key Personnel

Enter the key personnel. At a minimum, the producer or executive producer must be listed.

Personnel Role	First & Last Name
Executive Producer	
Producer	

Legal

Input attorney details.

Firm Name	
Attorney Name	
Address	
City, State, Zip	
Phone / Fax	
Email	

Acquisition & Development and Film Library E&O

Term, Coverages, Additional Insureds

Terms

Effective Date	____ / ____ / ____
Coverage Term	1 year
Coverage Basis	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence

Coverages

Occurrence / Aggregate Limit	*	<input type="checkbox"/> 1m/1m <input type="checkbox"/> 1m/2m <input type="checkbox"/> 1m/3m <input type="checkbox"/> 1m/5m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 2m/4m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 2m/5m <input type="checkbox"/> 3m/5m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m
Retention	*	<input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 20,000 <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000
Additional Insureds		<input type="checkbox"/> Include <input type="checkbox"/> Exclude

* Indicates a required item

Additional Insureds

Name	Address, City, State, Zip	Type
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Distributor <input type="checkbox"/> Broadcaster <input type="checkbox"/> Other
Special Wording Requirements: Rights Period Endorsement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Legal Notices & State Fraud Disclosures

Additional Documents and Information Incorporated By Reference

All written statements, materials or documents furnished to the insurer in conjunction with this application, regardless of whether such documents are attached to the policy, are hereby incorporated by reference into this application and made a part hereof, including without limitation any supplemental applications or questionnaires.

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

State Fraud Disclosures:

Notice to Alaska Resident Applicants: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

Notice to Arkansas, New Mexico and West Virginia Applicants: 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.

Notice to California Resident Applicants: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Notice to Colorado Applicants: 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 authorities.

Notice to Delaware Resident Applicants: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Notice to District of Columbia Applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, 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 in the third degree.

Notice to Hawaii Resident Applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

Notice to Idaho Resident Applicants: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

Notice to Indiana Resident Applicants: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

Notice to Kentucky Applicants: 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.

Notice to Louisiana, Maine and Tennessee Resident Applicants: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

Notice to Minnesota Resident Applicants: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Notice to Nebraska Resident Applicants: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Acquisition & Development and Film Library E&O

Notice to Nevada Resident Applicants: Pursuant to NRS 686A.291, any person who knowingly and wilfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Notice to New Hampshire Resident Applicants: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York Applicants: 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.

Notice to Ohio Applicants: 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.

Notice to Oklahoma Applicants: 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 (365:15-1-10, 36 §3613.1).

Notice to Pennsylvania Applicants: 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.

Notice to Utah Resident Applicants: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Notice to Vermont Applicants: 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 act, which may be a crime and may subject such person to criminal and civil penalties.

Notice to Applicants in all Other States: 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 act, which is a crime and may subject such person to criminal and civil penalties.

Signature

The undersigned is a duly authorized representative of the Applicant and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Applicant Signature
& Title:

Date:

(Duly authorized representative, by and on behalf of the Applicant)

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Broker:

License Number: