



Truman Van Dyke  
**TVD**  
 Entertainment Insurance  
*Since 1953*

ENTERTAINMENT  
 MOTION PICTURE PRODUCTION  
 PACKAGE APPLICATION

Applicant:	
email:	
phone:	
cell:	

Production:	
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The applicant is:  An Individual  A Partnership  A Corporation  An LLC  
*(If the Applicant is a Corporation, please provide the following names)*

President		Vice President	
Secretary		Treasurer	

Director		Producer	
Production Mgr.		Dir. of Photo.	

Producer's prior Productions	
Title	Prior Carrier

Has the producer had any Production Insurance declines or canceled in the past 5 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(if yes, explain):</i>		

Losses over \$50,000 in the past five (5) years	
Source of Financing	
Release or Distribution Organization	
Completion Bond Company (if none, please state )	

Premium Audit Contact		Phone #	
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<input type="checkbox"/> Feature Film for Theatrical Release			
<input type="checkbox"/> Television Production			
<input type="checkbox"/> Movie for Television	<input type="checkbox"/> Pilot	<input type="checkbox"/> Special	<input type="checkbox"/> Series
<input type="checkbox"/> Mini Series	<input type="checkbox"/> Other (define->)		
Time (e.g. 30 min, 60 min, 90 min)			
Number of Series Episodes			
Type of Story (e.g. Drama, Comedy, Western)			
Story Line:			

Shooting Locations used during Principal Photography		
Description of Location <i>(Including City, State, Country)</i>	Period of time at Each location	
	<i>From</i>	<i>To</i>

Describe arrangements made for First Aid and access to medical facilities and identify the person in charge and responsible for making arrangements

The Production involves ( <i>check all that apply</i> )	
<input type="checkbox"/> Use of Animals	<input type="checkbox"/> Underwater Filming
<input type="checkbox"/> Motorcycles	<input type="checkbox"/> Special Vehicles
<input type="checkbox"/> Airborne Crafts	<input type="checkbox"/> Waterborne Crafts
<input type="checkbox"/> Railroad Cars or Equipment	
<i>If any of the above are checked, describe in detail and attach to this application</i>	
<input type="checkbox"/> Pyrotechnics (Explosions, fire) <i>Complete Supplemental Application</i>	
<input type="checkbox"/> Stunts or Hazardous Activities <i>Complete Supplemental Application</i>	

Estimated costs of each Production or Episode	
a) Total Budget (including budgeted deferments):	\$
b) Story/Scenario; Screenplay & Re-writing & associated costs:	\$
c) Music, Sound Rights, Records and Royalties	\$
d) Gross Insurable Production Costs ( <i>a minus b &amp; c</i> )	\$
e) Post Production Costs:	\$
f) Net Insurable Production Costs ( <i>d minus e</i> )	\$
g) Total Below The Line Costs	\$

Indicate if any of the following <b>Optional items</b> are to be insured	\$
<input type="checkbox"/> Story/Underlying Rights, Screenplay, Re-Writes	\$
<input type="checkbox"/> Sound/Music Rights, Recording Costs	\$
<input type="checkbox"/> Indirect Overhead	\$
<input type="checkbox"/> Royalties	\$
<input type="checkbox"/> Other (describe):	\$

**COVERAGES DESIRED** CHECK IF DESIRED AND ANSWER QUESTIONS WITHIN

<input type="checkbox"/>	<b>EXTENDED PRE PRODUCTION CAST PROTECTION</b>
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Described Artist	Role/Position	Age	Coverage Period	Limit of Coverage
				\$
				\$
				\$
				\$
				\$

Are employment contracts "Pay or Play"?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do employment contracts contain "Tie-In" Arrangements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>			
Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>			

**Note: Attach copy of Contract or Deal Memo for each person to be insured**

<input type="checkbox"/> <b>PRINCIPAL PHOTOGRAPHY CAST PROTECTION</b>				
	Described Artist	Age	Role/Position	Stop Date
<b>1.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give particulars on any Stop Date question answered "Yes":	
No.	

	From	Until
Period of Pre Production		
Period of Principal Photography		
Coverage to be effective		

<b>POST PRODUCTION CAST PROTECTION</b>				
Described Artist	Age	Role/Position	Coverage Period	Stop Date
1.				__ Yes __ No
2.				__ Yes __ No
3.				__ Yes __ No
4.				__ Yes __ No
5.				__ Yes __ No
6.				__ Yes __ No

Please give particulars on any Stop Date question answered "Yes":		
No.		
	From	Until
Period of Post Production		

<b>NEGATIVE FILM/ VIDEOTAPE</b>
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	Name	Location
a) Processing Laboratory		
b) Storage Vaults		
c) Editing Facility		
d) Post Production Facility		

Will original negative film material leave the above premises prior to the completion of a protection Print?	__ Yes	__ No
<i>(If yes, please explain)</i>		
Will the processing frequency during principal photography be on a daily basis?	__ Yes	__ No

<i>(If no, please explain)</i>	
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How will original negative material be transported from the filming location(s) to the processing laboratory?

Film Type (e.g. 35mm, 70mm)		
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Is Videotape used in lieu of negative film?	__ Yes	__ No
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Are Animation or Computer Generated Graphics used?	__ Yes	__ No
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<i>If Yes - Created or Generated by whom</i>	
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<i>Locations</i>	
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Estimated completion date of protection print	
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Coverage to be effective	
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__	<b>FAULTY STOCK, CAMERA AND PROCESSING</b>
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Use of secondary market raw stock	__ Yes	__ No
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Will new experimental technology; cameras and/or equipment be used in the filming of the project?	__ Yes	__ No
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<i>(If yes, please explain)</i>	
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<i>provide names and qualifications of persons experienced in the technology</i>	Name	Qualifications

Name and position of person(s) responsible for conducting testing of cameras and raw stock	
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Name	Position

—	<b>PROPS, SETS AND WARDROBE</b>
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Value of Owned	
Non-owned	

List items with an insurable value in excess of \$250,000 each
1.
2.
3.
4.
5.
6.
7.
8.

List any individual items of antiques, objects of art, rugs, furs, jewelry, precious or semi precious stones/metals/alloys in excess of \$10,000
1.
2.
3.
4.
5.

Name and position of person(s) responsible for security and protection of Props, Sets, and Wardrobe	
Name	Position

Coverage required	From:		Until:	
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—	<b>MISCELLANEOUS EQUIPMENT</b>
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Value of Owned	
Non-owned	

List items with an insurable value in excess of \$250,000 each
1.
2.
3.
4.
5.
6.

Brief description of protection of property (firefighting equipment, watchmen, etc

Where will the equipment be kept during use?

Location to which the equipment will be returned when not in use

Name and position of person(s) responsible for security and protection of equipment	
Name	Position

Coverage required	From:		Until:	
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___	<b>THIRD PARTY PROPERTY DAMAGE</b>
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Brief description of property other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with the production for which the Applicant may be responsible
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Coverage required	From:		Until:	
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___	<b>EXTRA EXPENSE</b> (as a result of loss of or damage to property or facilities used in connection with the production)
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Estimated time needed to reconstruct destroyed key facilities, sets or scenery	
Estimated time needed to replace lost or destroyed equipment	
What alternative location(s) or studio facilities would be immediately available?	

Coverage required	From:		Until:	
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**\_\_\_ BUSINESS PERSONAL PROPERTY**

Premises/Location(s)		
Full Address	Value Owned	Value Rented
<b>1.</b>		

Coverage required	From:	Until:
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**\_\_\_ MONEY AND SECURITIES**

Maximum amount of cash on hand at any one location	\$
Total cash on hand at all times at all locations	\$

Name and position of person(s) responsible for the handling and safekeeping of money and securities	
Name	Position

Coverage required	From:	Until:
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**\_\_\_ NON OWNED AND HIRED AUTO PHYSICAL DAMAGE**

Cost of Hire	Mobile Studio Units and Film Trucks	\$
	Other than above	\$

Percentage of Private Passenger Vehicles	<input type="checkbox"/> Less than 50% of all vehicles
	<input type="checkbox"/> Less than 25% of all vehicles

