

RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE APPLICATION FOR INSURANCE

Note: All questions must be answered. All requested attachments must accompany application.

Submission of a completed application incurs no obligation to purchase or bind insurance.

1. Name of Proposed Insured (as it should be stated on the policy if issued):

2. List other subsidiaries, affiliates and trade names to be included for insurance

3. Principal Street Address	• City	• State	• ZIP code
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4. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership	5. Date purchased by present owner:
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6. Title of production to be insured:

Based on: Book Screenplay Original Material Other (Explain) _____

7. Name of Producer:	8. Name of Executive Producer:	9. Name of Author or Writers:
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10. Estimated assets: \$	11. Anticipated air date:	12. Estimated gross receipts derived from the program: \$
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13. A. Form of production: check appropriate description

- Motion picture for theatrical release
- Motion picture for television release
- Motion picture for cable TV release
- Television pilot or special
- Television drama
- Television series
Number of original episodes during policy period: _____
Number of rebroadcast episodes during policy period: _____
- Television "mini-series"
- Television docudrama
- Radio Program
Number of programs each week: _____
Number of weeks: _____
- Other (describe) _____

B. Source of production:

- Entirely Fictional
- Based on actual facts or events
- Combination fact and fiction
- Based on another work. If so, please specify _____
- Other (fully describe) _____

C. Program or running time of production:

D. Intended territory or distribution of production:

14. Will there be any merchandising related to the production? Yes No

If yes and coverage is desired for this activity, please submit the following for review:

- 1) Anticipated gross annual revenues from merchandising.
- 2) Copies of contracts or license agreements with any distributors, suppliers, etc.
- 3) Brief description of the merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

15. Procedure:

A. Have all licenses and consents been obtained? Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. From copyright owners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. From music owners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. From performers or persons appearing in the film? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. From Writers and/or others? | <input type="checkbox"/> | <input type="checkbox"/> |

B. Have musical rights been obtained? Yes No

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|--|--------------------------|--------------------------|
| 1. Recording and synchronization rights? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Performing rights? | <input type="checkbox"/> | <input type="checkbox"/> |

C. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness in the production)? Yes No

	<input type="checkbox"/>	<input type="checkbox"/>
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D. Will any previously made video or film clips Yes No

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|---|--------------------------|--------------------------|
| be used in this production? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, have all necessary licences and consents been obtained? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, explain: | | |

E. Has a title report(title search and opinion) been obtained on each of the productions listed in question #7 above? Yes No

	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please submit a copy of each title report for the Company's review.

16. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling:	Years of experience in media law:
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17. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years arising out of matter distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised? Yes No

If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

18. During the past three years, has any similar insurance been issued to the applicant? Yes No

If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium

19. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? Yes No
 (Not applicable in Missouri.) If yes, give details. Add attachment if needed.

20. Policy limit required: \$ _____	21. Deductible: \$ _____
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The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to see nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of this policy.

Name _____
 (please type or print)

Name _____
 (signature of authorized representative)

Title _____

Date _____

- To complete your application, you must submit:**
- List previous production works
 - Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
 - Sample tape (preferably VHS or 3/4" tape) or copy of script
 - Experience resume
 - Copy of title report (title search and opinion)
 - Description of procedure for checking for accuracy, infringements, etc.
 - Description of procedures for processing unsolicited ideas, scripts, screenplays, etc.

• Agent or Broker	• Telephone
• Address	• City
	• State
	• ZIP code