

DICE/Annual Productions Application

Description of Program: This application is used to insure multiple productions on an annual & renewable policy, up to \$5,000,000 in gross production cost.

Applicant Information

Named Insured: _____

Entity Type: Individual LLC LLP Corporation Non-Profit Trust

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 #: _____

Qualification Questions

Will any production include include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any production include any Live Gangster Rap Music or Hard-Core/Soft-Core Porn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any production activities take place outside of the U.S. and Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any unprotected or open heights above 15 feet or employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you enter into any co-production arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

DICE/Annual Productions Application

Insurance History

Losses

Any losses in the past 3 years? (if yes, provide details) Yes No

Policy Type/ Line of Business	Date of Loss	Description of Loss	Amount of Loss

Prior Coverage

Any prior insurance? (if yes, provide details) Yes No

Policy Type	Carrier	Policy #	Expiration Date	Premium

Cancelled or Declined Insurance (not applicable in MO)

Any insurance declined or cancelled in the past 3 years? Yes No

If yes, provide details:

DICE/Annual Productions Application

Production Details

Years of Industry Experience		
Annual Gross Production Cost		
Maximum Budget Per Production		
Maximum Days Per Production		
Cities & States of primary shooting locations		
Any Shoots outside of the U.S. & Canada.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:		
Number of shoots outside U.S. & Canada		
Aggregate days shooting outside U.S. & Canada		
Aggregate production cost for shoots outside U.S. & Canada		
Any Rental Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, annual receipts from rental operations		

Number of Productions for upcoming 12 months by category:

Animation	_____	Music Video	_____
Commercial/Promotional/Sales Video	_____	Photography Shoot	_____
Documentary/Interviews/Biography	_____	Pick-up Shoot	_____
Editing/Trailer	_____	Pre/Post-production	_____
Educational/Instructional/Training	_____	PSA/Public Access Program	_____
Feature Film	_____	Reality Based TV Show	_____
Independent Feature	_____	SAG Production	_____
Industrial/Corporate Video	_____	Short Film	_____
Infomercial	_____	Spec Production	_____
Miscellaneous productions	_____	TV Pilot/Series/Specials	_____

Production Personnel

Enter the key personnel (executive producer, producer, director, etc.)

At a minimum, either the executive producer or producer must be listed.

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

DICE/Annual Productions Application

Stunts and/or Hazardous Activities

(Visit <http://www.abacus.net/programs/annualproductions/stunts.aspx> for stunts & categories)

Will the production include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities.

Yes No

If yes, the information below is required for each stunt/hazardous activity:

Production Details

Production Name _____
Type of Production _____
Gross Production Cost _____
Production Dates _____
Synopsis _____

Stunts

Type of Stunt _____
Detailed Description of Stunt _____
Date(s) of Stunt _____
Stunt Coordinators/Professionals, if any _____
Licensed? _____
Permits _____
Are permits required? _____
Have they been obtained? _____
Describe precautions taken for the safety _____
of the public, participants and property _____
Any cast members involved/in close proximity _____
If vehicle(s) involved _____
of vehicles _____
Maximum speed _____
Any collisions, explosions _____

Animal Coverage

Type of Animal and breed if applicable _____
Value of Animal _____
Where will animal be housed during/after filming _____
Who is responsible during transport _____
Days of filming _____
Number of scenes _____
Any replacements for the animal and can _____
they substitute at all times _____

Required Attachments & Notes:

- Attach Detailed synopsis of stunt, resume of stunt coordinator/pyrotechnician, permits
- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities
- For additional stunts in the same production, duplicate this page

DICE/Annual Productions Application

Coverage Options

Effective Date of Coverage _____

Coverage	Limit	Deductible
General Liability		
Occurrence / Aggregate Limit		n/a
Blanket Additional Insureds/Certificates of insurance		n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Scheduled Stunts	Complete attached schedule	
Scheduled Animals	Complete attached schedule	
Inland Marine		
Rented Equipment (Camera, Lighting, Sound, etc.)		
Rented Props, Sets, Wardrobe		
Owned Equipment, Props, Sets, Wardrobe		
Negative Film, Videotape & Digitalized Image		n/a
Faulty Stock, Camera & Processing	Same as Negative Film	
Third Party Property Damage		
Extra Expense		
Office Contents		
Automobile		
Hired & Non-Owned Auto Liability		n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		
Workers Compensation (available in CA, NY, FL, TX, NC, TN, NV, IL, CO)		
Workers Comp required by SAG ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waiver of Subrogation?	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
If included, provide cert holder name/address		

Number of Shoot Days _____

Payroll Company Name (if any) _____

Payroll

Classification	# Full Time	# Part Time	Payroll
			(W-2, 1099, Deferred, Other)
Actors			
Crew			
Clerical			
Other (describe)			

Listing of All Officers (to exclude from workers comp)

First & Last Name	Date of Birth	SSN	Title
Actors			
Crew			
Clerical			
Other (describe)			

Signature: _____ Date: _____

