

Short Term Productions Application

Description of Program: This application is used to insure a single production with a maximum budget of \$1,000,000 and a maximum duration of 60 days within a 60 day consecutive period.

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 the production include any hard-core or soft-core pornography or live gangster rap music?	<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
Confirm your understanding that only one production will be covered by the policy, if coverage is provided.	<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
Confirm your understanding that only one production will be covered by the policy, if coverage is provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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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:

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Production Details

Production Name _____

Type of Production _____

Gross Production Cost _____

Number of Episodes (if applicable) _____

Production Start Date _____

Production End Date _____

Shooting Location(s) – Cities & States _____

Synopsis _____

For Music Videos Only

Type of Music _____

Decade of Music _____

Artist Name _____

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			

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Stunts and/or Hazardous Activities

(Visit <http://www.abacus.net/programs/shorttermproductions/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:

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

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Coverage Options

Effective & Expiration Dates of Coverage

Up to 60 days within a 60 consecutive day period.

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:

