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| **SHORT TERM UNDERWRITING QUESTIONNAIRE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Name of Production Company: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | DBA (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Physical Location Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Mailing Address (if different): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Primary Contact: | | | | Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | Phone: | | | | | | |  | | | | | | | | | | | | | | | | | Fax: | | |  | | | |
|  |  | | | | Email: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **PRODUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Production Title (if applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | **Type of Production(s):**  **DICE  Film** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Select all that apply:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Documentary Film | | | | | | | | | | | | | | Low-Budget Film | | | | | | | | | | | | | | | | | | | | |
|  | Commercials / Infomercials | | | | | | | | | | | | | | TV Movie/Special | | | | | | | | | | | | | | | | | | | | |
|  | Corporate Videos | | | | | | | | | | | | | | Webisodes / Interstitials | | | | | | | | | | | | | | | | | | | | |
|  | Music Videos | | | | | | | | | | | | | | Educational / Instructional Videos | | | | | | | | | | | | | | | | | | | | |
|  | Movie Trailer | | | | | | | | | | | | | | Other: | | | | | |  | | | | | | | | | | | | | | |
| 7. | Story / Synopsis (if single production): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Key Personnel (*attach bios/resumes*): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name(s) | | | | | | | | | | | | | | | | | | Years of Experience | | | | | Prior Projects | | | | | | | | | | | |
|  | Director: | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | Producer: | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| 9. | Source of Financing: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **COVERAGES –** *Select all desired coverages.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Coverage Duration: | | | | | | Short Term – Number of Days: | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Commercial General Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Blanket Additional Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Waiver of Subrogation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Rented / Miscellaneous Equipment Coverage (*Included in the Entertainment Package.*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | Rented Equipment Limit: | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *The following is required for Short Term only:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | Rental House Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | c. | | | Rental House Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | d. | | | Pick up Date: | | | | |  | | | | | | | | | | | | | | | | Drop off Date: | | | | | | |  | | | |
| 13. | Third Party Property Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. | Entertainment Production Package | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Coverage** | | | | | | | | | | | | | | | | | **Minimum Limits** | | | | | | | | | | | | | | | **Requested Limits** | | |
|  | Negative Film | | | | | | | | | | | | | | | | | $ 250,000 | | | | | | | | | | | | | | | $ | | |
|  | Faulty Stock | | | | | | | | | | | | | | | | | $ 250,000 | | | | | | | | | | | | | | | $ | | |
|  | Extra Expense | | | | | | | | | | | | | | | | | $ 100,000 | | | | | | | | | | | | | | | $ | | |
|  | Props, Sets, & Wardrobe | | | | | | | | | | | | | | | | | $ 100,000 | | | | | | | | | | | | | | | $ | | |
|  | Miscellaneous Equipment (including owned) | | | | | | | | | | | | | | | | | $ 350,000 | | | | | | | | | | | | | | | $ | | |
|  | Office Content | | | | | | | | | | | | | | | | | $ 25,000 | | | | | | | | | | | | | | | $ | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | $ | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | $ | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | $ | | |
| 15. | Non-Owned & Hired Auto Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | Cost of Hire: | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | Non-Owned & Hired Auto Physical Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Workers Compensation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | Primary  Contingent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | FEIN: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | c. | | | State of Hire: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | d. | | | If Primary, declare Payroll: | | | | | | | 9610 Cast & Crew: | | | | | | | | | | | $ | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | 8810 Clerical: | | | | | | | | | | | $ | | | | | | | | | | | | | |
|  | e. | | | If Contingent: | Name of Payroll Service Company: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  | | |  | *Certificate of Insurance from Payroll Company must be provided upon binding.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | f. | | | All Officers exclude from WC Cover? | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
|  | e. | | | Officers to be Included/Excluded: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Officer | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | | | | | % Owned | | Incl/Excl |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | % | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | % | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | % | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | % | |  |
|  |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | % | |  |
| 17. | Umbrella / Excess Liability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Enter Limits: | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | Foreign Exposure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | | | Countries: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | b. | | | Desired coverages: | | | | | | General Liability  Hired Auto  Workers Compensation | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | **The Production Involves** (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Pyrotechnics (Explosions, fire) – *Complete Supplemental Application* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stunts or Hazardous Activities – *Complete Supplemental Application* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Use of Animals | | | | | | | | | | | | | | Underwater Filming | | | | | | | | | | | | | | | | | | | | |
|  | Motorcycles | | | | | | | | | | | | | | Special Vehicles | | | | | | | | | | | | | | | | | | | | |
|  | Airborne Crafts | | | | | | | | | | | | | | Waterborne Crafts | | | | | | | | | | | | | | | | | | | | |
|  | Railroad Cars or Equipment | | | | | | | | | | | | | | *None of the Above* | | | | | | | | | | | | | | | | | | | | |
|  | ***If any of the above are checked:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Provide details of involvement of any Cast Member and* ***ATTACH*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRODUCTIONS AND BUDGET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
|  | a. | | | **Total Budget:** | | | | | | | | | | $ | | | | | | | | | | | | (*must attach at least top sheet of budget*) | | | | | | | | | |
|  | b. | | | Principal Photography Dates: | | | | | | | | | |  | | | | | | | | | | | | | to | | | |  | | | | |
|  |  | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | c. | | | Filming Locations | | | | | | | | | | | | | | | | | | | | | | | | | | Dates at Each | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. | Describe Prior Losses (or state if there are none): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Total amount of losses in the last 3 years (if any): | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Attachments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | * Bio/Resumes of Key Personnel * Budget * Filming Schedule * Hazardous or Foreign Supplemental Filming Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Submitted by: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Agency Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date Submitted: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |