**ANNUAL DICE PRODUCER SUBMISSION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Named Insured: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Physical Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Telephone: | | | | |  | | | | | | | | | | | | | | | | | | | | | Fax: | | |  | | | | | | | | | | |
| 4. | Applicant is a:  Corporation  Individual  Partnership  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 5. | Owner’s Name and Title: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Audit Contact: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Estimated Annual Gross Production Costs: | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | |
| 8. | Types of Productions: | | | | | | | % | | | | | | | | Commercials | | | | | | | | | | % | | | Documentaries | | | | | | | | | | | |
|  |  | | | | | | | % | | | | | | | | Web Series | | | | | | | | | | % | | | Animated Projects | | | | | | | | | | | |
|  |  | | | | | | | % | | | | | | | | Music Videos | | | | | | | | | | % | | | Others: | | |  | | | | | | | | |
| 9. | Name 3 of your major clients: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Estimated Number of Productions each year: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 11. | Filming Location(s): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Percentage of productions outside country of origin: | | | | | | | | | | | | | | | | | | | | | | | | % | | |  | | | | | | | | | | | | |
|  | List Countries: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | Percentage of Location Filming: | | | | | | | | | | | | | % | | | | | | Percentage of Studio Filming: | | | | | | | | | | | | | % | | | |  | | | |
| 14. | Any Post Production Work Done for Others:  Yes  No If Yes, what percent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | % | | |  | |
| 15. | Do you distribute any products?  Yes  No If Yes, please describe and provide receipts: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | Do you rent property to others?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If Yes, please provide a copy of your rental contract, and provide annual receipts: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | Do you do any editing or special effects for others?  Yes  No If Yes, describe and provide annual receipts: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. | Has any form of insurance ever been cancelled or declined?  Yes  No If Yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | Previous Loss Experience for the past three years (Attach Company Loss Runs): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRODUCTION PACKAGE COVERAGE LIMITS & SUMMARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. | **Coverage** | | | | | | | | | | | | | | | | | **Standard Limits** | | | | | | | | | | | | | | | | **Requested Limits** | | | | | | |
|  | Negative Film | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Faulty Stock | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Extra Expense | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Props, Sets, & Wardrobe | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Third Party Property Damage | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Miscellaneous Equipment (including owned) | | | | | | | | | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Non-Owned & Hired Auto Physical Damage | | | | | | | | | | | | | | | | | Included under Miscellaneous Equipment | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Animal Coverage (PSW) | | | | | | | | | | | | | | | | | $ 100,000 occurrence / $25,000 each animal | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Office Equipment and Furnishings | | | | | | | | | | | | | | | | | $ 100,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Computer / Electronic Data Processing | | | | | | | | | | | | | | | | | $ 25,000 hardware / $10,000 data and media | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Money and Currency | | | | | | | | | | | | | | | | | $ 25,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  | Civil Authority | | | | | | | | | | | | | | | | | $ 250,000 | | | | | | | | | | | | | | | | $ | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | $ | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | $ | | | | | | |
| **COMMERCIAL GENERAL LIABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. | Limit of Liability: | | | | | | | | | $ 1,000,000 Occurrence / $2,000,000 Aggregate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Gross Production Costs: | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Blanket Additional Insured Endorsement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Blanket Waiver of Subrogation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NON OWNED AND HIRED AUTO LIABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. | Limit of Liability: | | | | | | | | | $ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Cost of Hire: | | | Motion Picture Vehicles: | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | |
|  | Other Than Motion Picture Vehicles: | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | |
|  | (NON OWNED AND HIRED AUTO PHYSICAL DAMAGE IS INCLUDED UNDER THE PRODUCTION PACKAGE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WORKERS COMPENSATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. | Limit of Liability: | | | | | | | | | $ 1,000,000 each accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Payroll: | | 9610: | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 8810: | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | FEIN: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | State of Hire: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Officers to be Included/Excluded, Percentage of Ownership of Each: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name of Officer | | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | | % Owned | | | Incl/Excl | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | % | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | % | | |  | | |
| **UMBRELLA / EXCESS LIABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. | Limit of Liability: | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Underlying GL/NOAL/EL Carrier: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Indicate if use of any of the following apply: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Use of Animals | | | | | | | | | | | | | | | | | | | | | | Underwater Filming | | | | | | | | | | | | | | | | | |
|  | Motorcycles | | | | | | | | | | | | | | | | | | | | | | Special Vehicles | | | | | | | | | | | | | | | | | |
|  | Airborne Crafts | | | | | | | | | | | | | | | | | | | | | | Waterborne Crafts | | | | | | | | | | | | | | | | | |
|  | Railroad Cars or Equipment | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | Pyrotechnics (Explosions, Fire) – *Details to Follow* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stunts or Hazardous Activities – *Details to Follow* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Resume / Bio of Principals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Company Overview or Website: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Stunt/Pyro Supplemental Information (If Applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Loss History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Submitted by: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Agency Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Date Submitted: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |