



**FOREIGN PRODUCTIONS APPLICATION**

**APPLICANT INFORMATION**

1.	Insured name:				
2.	Entity Type:	<input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corp. <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other			
3.	Primary Address: <b>(No PO Boxes)</b>				
		City:	State:	Zip code:	
4.	Mailing Address (if different from primary):				
		City:	State:	Zip code:	
5.	Contact name:				
6.	Phone #:	Alternate phone #:	Fax #:		
7.	E-mail address:				
8.	Website:				
9.	Federal ID #:	OR Social Security #:			
10.	Description of business operations:				

**UNDERWRITING QUALIFICATION QUESTIONS**

11.	Does this production include any stunts, pyrotechnics or underwater activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please explain:			

**INSURANCE HISTORY**

12.	Any insurance declined or cancelled in the past 3 years (not applicable in MO)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please explain:			
13.	Any Prior Insurance Coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please provide details below:			
	<b><u>Policy type</u></b>	<b><u>Carrier</u></b>	<b><u>Policy #</u></b>	<b><u>Expiration date</u></b>
				\$
				\$
14.	Any losses in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, please provide details below:			
	<b><u>Policy type</u></b>	<b><u>Date of loss</u></b>	<b><u>Description of loss</u></b>	<b><u>Amount of loss</u></b>
				\$
				\$



**PRODUCTION DETAILS**

15.	Production Title:			
16.	Production Type:			
	a) If Music Video, please indicate artist's name:		Music genre:	
17.	Total Production Budget:	\$		
18.	Production dates:	to	Total number of days:	
19.	Filming location:			
20.	Please provide a detailed synopsis of the shoot:			

**GENERAL LIABILITY**

Select limits by clicking on the drop down menu to the right

21.	Select General Liability Per Occurrence limit:	Please select:
22.	Waiver of Subrogation:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

**CONTINGENT AUTOMOBILE LIABILITY**

23.	Hired & Non-Owned Auto Liability:	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
24.	Hired & Non-Owned Auto Physical Damage:	<input type="checkbox"/> Include up to \$25,000/\$25,000 <input type="checkbox"/> Exclude

**EMPLOYERS RESPONSIBILITY**

25.	Benefits for Voluntary Compensation-North Americans:	Please select:
26.	Number of Employees from US and/or Canada:	
27.	Maximum Number of Employees per Flight (5 maximum):	

**INLAND MARINE**

Indicate total replacement value for each desired coverage

28.	Unscheduled Owned Equipment (\$250,000 maximum):	\$
29.	Rented Equipment, Props, Sets & Wardrobes (\$250,000 maximum):	\$