



*Take***1**

INSURANCE

APPLICATION

D.I.C.E. Supplemental

(Documentary Industrial Commercial Educational)

MANAGED BY:

SCOTT CARROLL, DIRECTOR OF TAKE1

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*Doing business in CA as USRisk Brokers Insurance Services of Texas
CA License #0F82757*



D.I.C.E. Supplemental

1. Applicant's Name:
2. Mailing Address:

City, State, Zip Code:

Premises Address:

Telephone: _____ Fax: _____

3. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Please Explain: _____

4. Owner's Name & Title: _____ Audit Contact: _____
Insurance Coordinator: _____ Accountant: _____

5. Applicant's Experience in the business: _____
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6. Type of Productions and Percentage of Activity: Music Videos _____ % 2nd Unit Filming _____ % Industrials _____ % Documentaries _____ % Commercials _____ % CD-ROM/DVD _____ % Computer Effects _____ % Travel Logs _____ % Exercise Videos _____ % Animation _____ % Infomercials _____ %
Documentaries/Infomercials, please describe in detail: _____

7. Name three of your major clients or your last three clients: _____

8. Estimate Annual Gross Production Costs: \$ _____
List any Expenses or Producer Fees you wish to exclude: _____

Percentage of Overhead not directly related to the productions to be included: _____ %
Maximum cost any one production: _____
Average daily production costs: _____

9. Do you distribute any of the items in question number six? If yes, please describe and provide annual receipts: _____

Do you distribute any products? If yes, please describe and provide annual receipts: _____

(Attach a copy of the contract)

10. Percentage of productions outside country of origin: _____ %
List Countries: _____
Exchange Rate to be declared: _____ per \$1.00 / Country: _____

11. Percentage of Location Filming: _____ % Percentage of Studio Filming: _____ %

12. Maximum length of time from start to the production print of a production: _____

13. Negative / Faulty Coverage:
Percentage of productions on: Film: 35mm _____ % 16mm _____ % 60mm _____ %
70mm _____ % Video _____ % Disc _____ % CD-ROM/DVD _____ % 3-D _____ %
Will you be using any specialized computer programs to create any images or effects? If so,
please explain and give the name of the software and provide values: _____

Name and address of the lab/studio performing the effects: _____

Name and address of processing/post laboratory: _____

14. Do you rent property to others? Yes _____ No _____ If yes, please provide a copy of your rental contract. Annual rental receipts: \$ _____

15. Do you perform or set up multi-media events? If yes, please describe: _____

Estimated Costs: _____

16. Do you own any property? Yes _____ No _____ If yes, please provide total value:

\$ _____
(If in excess of \$250,000 please attach an Acord Property application)

17. Please complete and attach Liability, Non-Owned & Hired Auto and Workers Compensation Acord applications with this form.

Vehicle Cost of Hire: \$ _____

Provide the name and phone number of your payroll service, if applicable: _____

Do you require a certificate of insurance from independent contractors and what are your requirements? _____

18. Has any form of insurance ever been cancelled or declined? Yes _____ No _____

If yes, please explain: _____

19. Previous insurer and policy number: _____

20. Previous loss experience for the past three years (Attached company loss runs):

21. Desired Effective Date: _____ Expiration Date: _____

22. Stunts, Hazards, and Special Effects:

Please indicate if any of your productions involve any of the following activities:

- | | | |
|---|--|--|
| <input type="checkbox"/> Use of Watercraft | <input type="checkbox"/> Under Water Filming | <input type="checkbox"/> Filming Near or on Water |
| <input type="checkbox"/> Use of Aircraft/Helicopters/Balloons | <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Use of Trains/Railroads |
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Expensive Antiques/Autos |
| <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Auto Crash Scenes | <input type="checkbox"/> Other Dangerous Auto Scenes |
| <input type="checkbox"/> Filming above 50 feet | <input type="checkbox"/> Underground Filming | <input type="checkbox"/> Other Stunts/Hazard |

If any of the above items apply, please provide the following information:

- A. Description of the scene and story boards
- B. Details on where and how the scene will be performed
- C. Details of all safety features put in place to protect people and property
- D. Name and phone number of the stunt or special effects coordinator
- E. Additional questions may be asked later.

COVERAGE	LIMIT OF LIABILITY	DEDUCTIBLE
Props, Sets and Wardrobe	\$ _____	\$ _____
Fine Arts, Jewelry, etc.	\$ _____	
Extra Expense	\$ _____	\$ _____
Third Party Property Damage	\$ _____	\$ _____
Miscellaneous Equipment		
<i>Rented</i>	\$ _____	\$ _____
<i>Owned</i>	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____
Hired Auto Physical Damage Included		\$ _____ Min. \$ _____ Max.
Electronic Data Processing		
<i>Hardware</i>	Included	\$ _____
<i>Software</i>	\$ _____	
<i>Extra Expense</i>	\$ _____	
Money & Currency	\$ _____	\$ _____
Negative Film/Videotape	\$ _____	\$ _____ Min. \$ _____ Max.
Faulty Stock & Processing	\$ _____	\$ _____ Min. \$ _____ Max.
Other	\$ _____ \$ _____	\$ _____ \$ _____

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Date _____ Applicant's Signature _____
Name _____
Position _____

Agent/Broker: _____
Address: _____

Phone: _____ Fax: _____