

Annual Production (DICE) Application

Contact Information

Named Insured: _____

Entity Type: Individual Partnership Joint Venture LLC Corporation

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone / Fax: _____

Email: _____

Federal ID or Social Security #: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Rap Music? Yes No

Any Insurance Cancelled or Declined in Past 3 years (not applicable in Missouri) Yes No
If yes, explain: _____

Any Losses in Past 3 years? Yes No
If yes, total amount of losses _____

Production Details

Number of Productions for upcoming 12 months by category:

Animation	_____	Music Video	_____
Commercial/Promotional/Sales Video	_____	Photography Shoot	_____
Documentary/Interviews/Biography	_____	Pick-up Shoot	_____
Editing/Trailer	_____	Pre/Post-production	_____
Educational/Instructional/Training	_____	PSA/Public Access Program	_____
Feature Film	_____	Reality Based TV Show	_____
Independent Feature	_____	SAG Production	_____
Industrial/Corporate Video	_____	Short Film	_____
Infomercial	_____	Spec Production	_____
Miscellaneous productions	_____	TV Pilot/Series/Specials	_____

Total Aggregate Budget for all Shoots _____

Average duration in days per Production _____

Maximum budget per single shoot _____

Cities & States of Shooting Locations _____

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Coverage Options

Effective Date of Coverage _____

Property

Rented Equipment Limit	\$ _____
Owned Equipment Limit	\$ _____
Props, Sets, Wardrobe Limit	\$ _____
Negative Film/Faulty Stock	\$ _____
Third Party Property Damage	\$ _____
Extra Expense	\$ _____
Office Contents	\$ _____

General Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> \$1,000,000 / \$1,000,000
	<input type="checkbox"/> \$1,000,000 / \$2,000,000
	<input type="checkbox"/> \$2,000,000 / \$2,000,000
	<input type="checkbox"/> \$3,000,000 / \$3,000,000
	<input type="checkbox"/> \$4,000,000 / \$4,000,000
	<input type="checkbox"/> \$5,000,000 / \$5,000,000
Blanket Additional Insureds/Certificates of insurance	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
City Certificates requiring Special Wording	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Hired & Non-Owned Auto

Liability	<input type="checkbox"/> \$1,000,000
	<input type="checkbox"/> \$2,000,000
	<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$4,000,000
	<input type="checkbox"/> \$5,000,000
Physical Damage \$125,000 per vehicle, \$500,000 aggregate	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Workers Compensation

Number of Cast / Crew / Volunteers	_____
Payroll W-2 / 1099 / Deferred / Other	_____
Payroll Company Name (if any)	_____
Officer 1 Name & Title	_____
Officer 2 Name & Title	_____

Signature: _____	Date: _____
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