

International Application D.I.C.E. Producer

Applicant Information

Named Insured: _____
Address: _____
Contact Name: _____
Email Address: _____
Business Website: _____
Desired Effective &
Expiration Dates: _____ - _____
Requested Quote Date: _____

Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd
Address: 179-14 Union Turnpike
Fresh Meadows, NY 11366
Contact Name: International Applications Dept.
Phone#: (718)-591-0800 Fax#: (718) 380-7151
Email Address: application@coveragency.biz
Have you been appointed with Cover? Yes No

General Information

Describe Production Activities and Any Other Foreign Operation(s):

Foreign Production Type: *check all that apply*

- | | | | | |
|---------------------------------------|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercials | <input type="checkbox"/> Music Videos | <input type="checkbox"/> Animation |
| <input type="checkbox"/> Infomercials | <input type="checkbox"/> Exercise Videos | <input type="checkbox"/> Computer Effects | <input type="checkbox"/> Travel Show | <input type="checkbox"/> CD ROM/DVD |
| <input type="checkbox"/> Other | If other, describe: _____ | | | |

Productions or episodes: _____ Production Start Date: _____ End Date: _____ Total number of weeks: _____

Provide Detailed Description of Storyline Synopsis: _____

List Countries Where Insured's Employee(s) Will Travel or Work: _____

Describe Filming Location(s): *e.g., in studio, outdoor scenes, etc.* _____

If any filming on location or public roads, will the area be closed to the general public? Yes No If no, describe what controls will be in place to protect persons or property: _____

Does Insured Use Any Participants Who Don't Qualify as Cast/Host/Crew Members in Any Production? Yes No

If Yes, Describe Activities: _____
Check here to indicate you are providing copy of waivers being signed by participants as separate attachment

Past loss history (*describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years*): _____

Any Discontinued or Sold Foreign Operations: No Yes If yes, explain _____

Any bankruptcies in last 5 years: No Yes If yes, explain _____

Any policy cancelled or non-renewed during past 3 yrs: No Yes If yes, explain: _____

Are there any planned activities involving any of the following special hazards:

- | | | |
|--|--|---|
| Stunts/Use of Wires: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |
| Pyrotechnics/Special Effects: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |
| Use of Aircraft: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |
| Filming of Animals: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |
| Use of watercraft or offshore exposures: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |
| Other Unique Exposure: | No <input type="checkbox"/> Yes <input type="checkbox"/> | If Yes, complete Entertainment Supplement Application |

Foreign General Liability: Standard \$1,000,000 Per Occurrence Other: _____
 (Per Occurrence Limit)

Complete the Exposure Base below or check here to indicate you are providing schedule on a separate attachment.

Country	Gross Production Costs	Country	Gross Production Costs
	\$ _____		\$ _____
	\$ _____		\$ _____

Annual Blanket Policy? : Yes No

If Yes, check here to indicate you are providing past 5 years of productions (with budget and country) in separate attachment and provide the information below:

Estimated Annual Gross Production Costs: \$ _____

Average Gross Production Costs (per production): \$ _____

Maximum Cost Any One Production: \$ _____

Foreign Business Auto Coverage Standard \$1,000,000 limit per accident Other: _____
(Excess/DIC only):

of **Foreign** Rentals: _____

of **Foreign** Owned Autos: _____

of **Foreign** Non-Owned Autos: _____

- Provide a Description of owned autos if other than Private Passenger type: _____

Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)

Contingent Employers Liability: Standard \$1,000,000 limit Other: _____

Will the insured be utilizing the services of a Payroll Service Company? Yes No If yes, has the Payroll Service Company procured Workers Compensation insurance? Yes No

Will the insured be utilizing the services of a local Production Services Company? Yes No If yes, has the Production Services Company purchased Workers Compensation with State of Hire benefits for USN or Country of Origin Benefits for TCN? Yes No

Please complete the following for Direct Hire Employees or any Payroll Service Company or Production Services Company employees who are not covered under any other Workers Compensation insurance (or local social scheme equivalent):

Maximum # of employees flying on same flight: _____

Any flight on non-commercial aircraft (*charter, corporate, helicopter*)? No Yes If yes, explain: _____

Maximum # of employees working at the same location: _____

Maximum # of employees staying at the same hotel: _____

Direct Hire Employee Information: (Check here to indicate you are providing the required information as a separate attachment.)

# Trips	Total # of Employees per Trip	List Countries of Travel	Class (USN, TCN, or LN)	Job Function	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, List Country of Origin

Foreign Accidental Death & Dismemberment and Medical Expense Coverage
- \$50,000 AD&D automatic limit provided

\$100,000 AD&D \$250,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

Is coverage desired for Accompanying Spouses? No Yes \$50,000 AD&D
 \$10,000 Medical Expense # of Spouse(s): _____ # Trips: _____
 \$25,000 Medical Expense

Is coverage desired for Accompanying Children? No Yes \$25,000 AD&D
 \$10,000 Medical Expense # of Child(ren): _____ # Trips: _____
 \$25,000 Medical Expense

Kidnap and Extortion Coverage
- \$250,000 automatic limit provided – with high hazard country exclusions

Additional Applications

- If any planned scenes involving special hazards: i.e. pyrotechnics, stunts, car races or chase scenes, underwater filming, watercraft, aircraft or anything else of a hazardous nature, supplemental Entertainment application is required.
- Producers are required to be appointed.
- Supplemental applications

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: _____
Date: _____

Signature of Producer: _____
Date: _____