

# 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:** \_\_\_\_\_