

# RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE

## Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

**Note: All questions must be answered. All requested attachments must accompany application.**

1. Name of Proposed Insured (as it should be stated on your policy if issued): \_\_\_\_\_

2. List other subsidiaries, affiliates and trade names to be included for insurance: \_\_\_\_\_

3. Principal Street Address, City, State, Zip Code: \_\_\_\_\_

4. Telephone: \_\_\_\_\_  
 (      )

5.  Corporation     Partnership     Joint Venture     Individual

6. Date purchased by present owner: \_\_\_\_\_

7. Estimated assets: \$ \_\_\_\_\_

8. Title of production to be insured: \_\_\_\_\_

Based on:     Book     Screenplay     Original Material     Other (Explain)

9. Anticipated air date: \_\_\_\_\_

10. Estimated gross receipts derived from the program: \$ \_\_\_\_\_

11. A. Form of production: check appropriate description

- Motion picture for theatrical release
- Motion picture for television release
- Motion picture for cable TV release
- Television pilot or special
- Television musical/variety/comedy
- Television drama
- Television series  
 Number of episodes : \_\_\_\_\_
- Television "mini-series"
- Television docudrama
- Radio program  
 Number of programs each week: \_\_\_\_\_  
 Number of weeks: \_\_\_\_\_
- Theatrical stage presentation
- Other (describe) \_\_\_\_\_  
 \_\_\_\_\_

B. Source or production:

- Entirely fictional
- Based on actual facts or events
- Combination fact and fiction
- Based on another work. If so, please specify.
- Other (fully describe) \_\_\_\_\_  
 \_\_\_\_\_

C. Program or running time of production: \_\_\_\_\_

D. Intended territory or distribution of production: \_\_\_\_\_

12. Will there be any merchandising related to the production?  Yes  No

If yes and coverage is desired for this activity, please submit the following for review:

- 1) Anticipated gross annual revenues from merchandising.
- 2) Copies of contracts or license agreements with any distributors, suppliers, etc.
- 3) Brief description of the merchandising activities.

**Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.**

13. Name of Producer: \_\_\_\_\_

Name of Executive Producer: \_\_\_\_\_

Name of Author or Writers: \_\_\_\_\_

14. Procedure:

A. Have all licenses and consents been obtained?      Yes      No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. From copyright owners?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. From music owners?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. From performers or persons appearing in the film? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. From writers and/or others?                       | <input type="checkbox"/> | <input type="checkbox"/> |

B. Have musical rights been obtained?      Yes      No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Recording and synchronization rights? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Performing rights?                    | <input type="checkbox"/> | <input type="checkbox"/> |

