



***Take*1**  
**INSURANCE**

A DIVISION OF  
INNOVATION GROWTH  
PARTNERS SPECIALTY, LLC

**APPLICATION**

*For Motion Picture and Television Companies*

MANAGED BY:

**SCOTT CARROLL, DIRECTOR OF TAKE1**

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## Motion Picture/Television Production Application

### General Information

1. Name of Production Company \_\_\_\_\_  
 Production Office Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Officers \_\_\_\_\_

2. Parent Company(ies) \_\_\_\_\_  
 Parent Company(ies) Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Officers \_\_\_\_\_

3. Co-Production Company(ies) \_\_\_\_\_  
 Officers \_\_\_\_\_

4. Title of Production \_\_\_\_\_

5. Type of Production  
 Feature  MOW   
 Documentary  Other  \_\_\_\_\_  
 Series  Episodes \_\_\_\_\_ to \_\_\_\_\_ Running Time \_\_\_\_\_

Storyline \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Producer \_\_\_\_\_ Director \_\_\_\_\_  
 Director of Photography \_\_\_\_\_ Production Accountant \_\_\_\_\_  
 Production Manager \_\_\_\_\_ Production Coordinator \_\_\_\_\_  
 Stunt Coordinator \_\_\_\_\_ (Please provide resumé)  
 Special Effects Coordinator \_\_\_\_\_ (Please provide resumé)

7. Source of Financing \_\_\_\_\_

8. Network/Distributor \_\_\_\_\_

9. Film Completion Bond Company \_\_\_\_\_

10. Policies to be issued in Canadian Dollars  US Dollars  Exchange Rate \_\_\_\_\_



11. Gross Production Cost	_____	<b>Production Costs Not Insured:</b>
Post Production	_____	Story/Scenario _____
2 <sup>nd</sup> Run Residuals/Buyouts	_____	Music (incl. in Post Prod) _____
Contingency	_____	Insurance _____
Below the Line	_____	Interest/Finance Costs _____
		Other Costs you do not wish to Insure (Describe) _____
		_____
	Net Insurable Cost	_____

12. Any optional items to be insured (e.g. story, sound, music) Yes  No   
 If so, provide details \_\_\_\_\_

Any Deferments? Yes  No   
 If so, provide details \_\_\_\_\_

13. Estimated Dates of Principal Photography Start \_\_\_\_\_ Finish \_\_\_\_\_  
 Start Date of Pre-production \_\_\_\_\_ Est. Date of Protection Print \_\_\_\_\_  
 # Days Principal \_\_\_\_\_

14. Locations/Days at Each \_\_\_\_\_  
 \_\_\_\_\_

15. Value of Props/Sets/Wardrobe \_\_\_\_\_  
 List any antiques, rugs, objects of art, furs, jewellery, precious or semi-precious stones in excess of \$25,000 None \_\_\_\_\_  
 Estimated Time to Replace Props/Sets/Wardrobe: \_\_\_\_\_ Estimated Time to Reconstruct Sets \_\_\_\_\_  
 Any special sets constructed Yes  No  If so, provide details and values \_\_\_\_\_  
 o

16. Value of Equipment \$1M \_\_\_\_\_ Estimated Time to Replace Equipment \_\_\_\_\_  
 Any one of a kind/special type of equipment used Yes  No  If so, provide details and values \_\_\_\_\_  
 Standard coverage, sound and lighting gear \_\_\_\_\_



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17. Provide Details

Protection of Property and Security \_\_\_\_\_

Stunts/Hazardous Activities \_\_\_\_\_

Aircraft \_\_\_\_\_

Animals \_\_\_\_\_

Watercraft \_\_\_\_\_

Underwater Filming \_\_\_\_\_

Pyrotechnics \_\_\_\_\_

Special Vehicles \_\_\_\_\_

Railroad Cars/Equipment \_\_\_\_\_

18. Production is on

35mm

16 mm

70 mm

Video

Type of Camera \_\_\_\_\_

19. Lab

How often are negatives shipped to  
lab for processing \_\_\_\_\_

Post Production  
*(name and location)* \_\_\_\_\_

How often are dailies viewed \_\_\_\_\_

How are negatives/video  
transported to lab/post facility \_\_\_\_\_

20. Will entire original developed negative be shipped at one time?

Yes  No

21. Will highest standard industry procedures be used to fully test cameras, lenses and equipment until proved to be sound prior to commencement of filming or taping?

Yes  No

**For Series Only**

22. Are the Episodes Stand-alone?

Yes  No

23. Please provide delivery schedule

**Animation (if any)**

24. Please provide full details including type, process, locations and protection

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Insurance Coverage

### 25. *Production Package*

Coverage	Limits	Deductible	Expiry
Cast	_____	_____	_____
Negative Film	_____	_____	_____
Faulty Stock/Camera Processing	_____	_____	_____
Props/Sets/Wardrobe	_____	_____	_____
Miscellaneous Equipment	_____	_____	_____
Third Party Property Damage Liability	_____	_____	_____
Extra Expense	_____	_____	_____
Auto Physical Damage	_____	_____	_____
	_____	_____	_____
Office Contents	_____	_____	_____
Money & Securities	_____	_____	_____
Animal Mortality	_____	_____	_____
	_____	_____	_____

Extended Pre-Production Cast  
(Artist/No. of Weeks/Limit)

\_\_\_\_\_

No. of Cast Members to be Insured

\_\_\_\_\_

Artists (Name/Age/Role)

\_\_\_\_\_

Any stop dates in artists' contracts

\_\_\_\_\_

Any Essential Elements

\_\_\_\_\_

Any Special Endorsements

\_\_\_\_\_



26. *Commercial General Liability*

Limits	\$1,000,000	each occurrence
•	\$2,000,000	general aggregate

27. *Non-Owned & Hired Automobile Liability*

Limit	\$1,000,000
<b>Cost of Hire:</b>	
Production Vehicles	_____
Commercial Vehicles	_____
Picture cars	_____

Stunts: Need name and telephone number of stunt coordinator

\_\_\_\_\_

\_\_\_\_\_

28. *Umbrella*

Limit \_\_\_\_\_

In excess of underlying CGL Including

- Employers Liability
- Non-Owned Automobile
- Automobile Liability
- Third Party Property Damage Liability
- Non-Owned Aircraft
- Tenant's Legal Liability
  
- Other \$ \_\_\_\_\_



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29. *US Workers' Compensation*

Executive Officers

Included  Excluded

Federal ID No. \_\_\_\_\_

Payroll Service Company \_\_\_\_\_  
& copy of certificate  
evidencing coverage

**Payroll**

Production If any \_\_\_\_\_

Editing/Post \_\_\_\_\_

Clerical \_\_\_\_\_

• Other \$ \_\_\_\_\_

30. Prior Insurance

New Entity \_\_\_\_\_

Prior Loss Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Has the Applicant had any form of Insurance cancelled or declined in the last five years?

Yes  No

If yes, provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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32. *Errors & Omissions (Quote Only)*

Errors & Omissions Limits \_\_\_\_\_  
Deductible \_\_\_\_\_

Term \_\_\_\_\_

Defense Cost Inside/Outside \$ \_\_\_\_\_

Merchandising \_\_\_\_\_  
*Provide details (type of items, estimated revenue)*  
*Use separate sheet if necessary*

Do you have outside parties to provide merchandising services? Yes  No

**Type of Production**

Feature Film  MOW  Series  Documentary  Documentary Series

**Category**

Fictional  Docudrama

Story Line See page 1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clearance Attorney \_\_\_\_\_

Who should the E&O Application be sent to for completion? \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_