



JOHNSONESE

JOHNSONESE BROKERAGE LLC
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JOHNSONESE.COM

DICE Annual Production Application

General Information

Named Insured:	
Select Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID / Social Security Number:	
Description of Operations:	

Qualifying Questions

	Yes / No
Will any productions include any Hard-Core or Soft-Core pornography?	
Will any productions include any live gangster rap music?	
Any unprotected or open heights above 15 feet?	
Will any production activities take place outside of the U.S. and Canada?	
Any employees supplied to or from an employee leasing operation (i.e. PEO)?	
Do you enter into co-production agreements?	
If yes, explain:	

DICE Annual Production Application

Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss
			\$
			\$
			\$

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium
				\$
				\$

Production Details

Annual Gross Production Cost	
Maximum Budget Per Production	
Maximum Days Per Production	
Average Days Per Production	
Any Post Production Operations?	
If yes, annual post production receipts/revenue	
Any Rental Operations?	
If yes, annual rental receipts/revenue	
Number of employees	
Anticipated Shooting Locations (States/Cities)	
Any shoots outside of the U.S. & Canada?	
If yes:	
No. of shoots outside the U.S. & Canada	
Total days outside of the U.S. & Canada	
Total GPC outside of the U.S. & Canada	
Are Production Personnel Union?	

DICE Annual Production Application

Production Breakdown

Estimated number of productions for upcoming 12 months by production type:

Animation		Instructional Video		Sales Video	
Commercial		Live Action Shot		Short Film	
Community TV Interview		Miscellaneous Production		Soap Opera	
Corporate Video		Motion Picture		Spec Commercial	
Demo Reel Shoot		Music Video		Spec Production	
Digital Video		Non Airing Pilot		Television Pilot	
Direct Sale Videos		Photography Shoot		Television Series	
Director's Reel		Pick-up Shoot		Television Special	
Documentary		Point of Sale Video		"The Making of" Videos	
Editing		Post-production		Thesis Film	
Educational & Training Film		Pre-production		Trailer	
Experimental Film		Promotional Video		Training Video	
Feature Film		Public Access Program		Video Biography	
Festival Reel		Public Service Announcement		Video Game Shoot	
Film Promotion		Reality Based TV Show		Video Location Survey	
Indie Feature, Low Budget		SAG Experimental		Video Shoot (Misc)	
Industrial		SAG Limited Exhibition		Other:	
Infomercial		SAG Modified Low Budget		Total	

DICE Annual Production Application

Key Personnel

Personnel Role*	First and Last Name	Driver's License #	State of Issue	Country of Residence

****At least one Producer or Executive Producer must be listed***

Stunts and / or Hazardous Activities

	Yes* / No
Will any productions include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snow mobiles, ATVs, blanks, squibs, guns or other hazardous activities?	

****If you answered yes to the above question, please request a stunt application.***

Coverages (Note that not all coverages listed are available for all producers or in all states.)

Dates of Coverage: Effective ___/___/___

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
City/ Other Special Certificates (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

****If you requested Hired & Non-Owned Auto coverage, please complete the following:***

Cost of hire (mobile studio/film trucks)	
Cost of hire (other vehicles)	
Loaned / Donated Vehicles # of days	

DICE Annual Production Application

Coverages (continued):

Workers Compensation*

Coverage	Limit	Deductible
Employer Liability		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay \$)	

Inland Marine

Coverage	Limit	Deductible
Rented Equipment (Camera, Lighting, Sound, ...)		
Rented Props, Sets, Wardrobe		
Owned Equipment, Props, Sets, Wardrobe		
Negative Film, Videotape & Digitalized Image		
Third Party Property Damage		
Extra Expense		
Office Contents		
Electronic Data Processing Equipment (Computers)		
Rental Cost Reimbursement		
Animal Extra Expense*		
Civil Authority Coverage		
Cast Coverage (% of budget to cover)*		
Covered Person Extension (without sickness)		N/A
Covered Person Extension (with sickness)	<i>Select limit below</i>	N/A
\$5,000 per person / \$25,000 aggregate		N/A
\$10,000 per person / \$50,000 aggregate		N/A
\$25,000 per person / \$100,000 aggregate		N/A
Family Bereavement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

****If you requested cast or animal coverage, please request these applications.***

Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

DICE Annual Production Application

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____