



JOHNSONESE

JOHNSONESE BROKERAGE LLC
4245 NORTH KNOX AVE CHICAGO, IL 60641 P: 312.961.9872
JOHNSONESE.COM

Feature Film and Television Production Insurance Application

General Information

Named Insured:	
Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Production Office Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID:	

Key Personnel

Position	Name
Legal Entity President	
Legal Entity Vice President	
Legal Entity Secretary	
Legal Entity Treasurer	
Director	
Producer	
Production Manager	
Director of Photography	
UPM	
Coordinator	
Production Accountant	

Key Personnel (continued)

Audit Contact:	
Name	
Phone	
Email	

Insurance History

Producer's Prior Productions:

Title	Insurance Carrier

	Yes / No
Has the Producer had any Production Insurance declined or canceled in the past five years?	
If yes provide details:	
Any losses in the past 5 years greater than \$50,000? If yes, provide details below.	

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

Production Details

Production Name:	
Type of Production:	
No. of Episodes (if applicable):	
Running Time	
Type of Story (e.g. Drama, Comedy, Musical, Western)	
Plot Synopsis:	
Source of Financing	
Release or Distribution Organization	
Completion Bond Company	
Paymaster	

Estimated Costs of Production or Episode

a. Total Budget (including budgeted deferments)	
b. Story; Screenplay & Re-writing & associated costs	
c. Music, Sound Rights, Records and Royalties	
d. Gross Insurable Production Costs (a minus b & c)	
e. Post Production Costs	
f. Net Insurable Production Costs (d minus e)	
g. Total Below The Line Costs	

Dates:

Start of Pre-Production	
Start of Principal Photography	
Completion of Principal Photography	
No. of Days of Principal Photography	
Estimated date of protection print	

Locations used during Principal Photography:

Description of Location (including city, state, country)	Start Date	End Date

Medical Facility:

Describe arrangements made for First Aid and access to medical facilities:
Person in charge and responsible for making arrangements:

Does Production involve (check all that apply)?:

Use of Animals	
Motorcycles	
Airborne Crafts	
Railroad Cars or Equipment	
Underwater Filming	
Special Vehicles	
Waterborne Crafts	
Pyrotechnics (Explosions, fire)	
Other Stunts or Hazardous Activities	

If any of the above are checked, describe in detail and attach to this application

Coverages

Cast Coverage

	From	Until
Period of Pre Production (if required)		
Period of Principal Photography		
Period of Post Production (if required)		

Described Artist	Age	Role/ Position	Stop Date, if applicable

	Yes or No
Are employment contracts "Pay or Play"?	
Do employment contracts contain "Tie-In" Arrangements?	
Will any persons insured by the policy be involved in any hazardous activities during the term of the coverage?	
Include Family Bereavement?	

Separately, provide details on any yes answers above.

Limit of Cast Coverage	\$
Deductible	\$

Miscellaneous Equipment

Value of Owned	
Value of Non-Owned	
Coverage required: From	
Coverage required: Until	
Position(s) responsible for security	
Person(s) responsible for security	
Where will the equipment be kept during use?	
Where will the equipment be kept when not in use?	

Miscellaneous Equipment (continued)

List any individual item(s) over \$250,000

Item Description	Value

List any special or one of a kind equipment

Item Description	Value

Brief description of protection of property (firefighting equipment, security guards, etc.):

--

Props, Sets and Wardrobe

Value of Owned	
Value of Non-owned	
Coverage required: From	
Coverage required: Until	
Position(s) responsible for security	
Person(s) responsible for security	

List any individual item(s) over \$250,000

Item Description	Value

List any individual items of antiques, art, rugs, furs, or jewelry in excess of \$10,000

Item Description	Value

Extra Expense

(resulting from loss of or damage to property or facilities used in the production)

Coverage Limit Required	
Deductible	
Coverage required: From	
Coverage required: Until	
Estimated time needed to reconstruct destroyed key facilities, sets or scenery	
Estimated time needed to replace lost or destroyed equipment	
What alternative location or studio facilities would be immediately available?	

Hired & Non-Owned Auto

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		

Coverage required: From	
Coverage required: Until	
Cost of Hire: Mobile Studio Units and Film Trucks	
Cost of Hire: Other than above	
Percentage of Private Passenger Vehicles	

Liability

Coverage required: From	
Coverage required: Until	

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
No. of Waivers of Subrogation Required		N/A

Excess Liability

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

Optional Coverages

Coverage	Limit	Deductible
Negative Film, Videotape & Digitalized Image		
Third Party Property Damage		
Extra Expense		
Office Contents		
Money And Securities		
Rental Cost Reimbursement		
Animal Extra Expense		
Animal Mortality		
Cameraman Error		
Mechanical Breakdown		
Power Interruption		
Guild Travel Accident		

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

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: _____