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D.I.C.E. APPLICATION

Documentaries, Industrial, Commercial, Education, etc.

1. Name of Applicant: _____

2. Mailing Address: _____

Premises Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____ Website _____

3. Applicant is a Corporation Individual Partnership Other (Explain): _____

4. Owner's Name & Title: _____ Audit Contact: _____

Insurance Coordinator: _____ Accountant: _____

5. Applicants Experience in the business: _____

6. Type of Production & Percentage of Activity:

Music Video _____ % 2nd Unit Filming _____ % Industrial _____ %

Commercials _____ % Travel Logs _____ % CD-ROM _____ %

Computer Effects _____ % Exercise Videos _____ % Animation _____ %

Infomercials _____ % Still Shots _____ % Other _____ %

Other Documentaries/Infomercials, please describe in detail: _____

7. Name three of your major clients, or your last three clients: _____

8. Number of productions completed in the policy year: _____

9. Estimated Annual Production Cost: \$ _____

Percentage of Overhead not directly related to the production to be included: _____ %

Maximum Cost of any one production: _____

Average daily production costs: _____

10. Do you distribute any of the items in question number six? Yes No; If yes, please describe and provide annual receipts _____

Do you distribute any products? Yes No; If yes, please describe and provide annual receipts _____

11. Percentage of productions outside country of origin: _____ %

List Countries: _____

12. Percentage of Location Filming: _____ % Percentage of Studio Filming: _____ %

13. Maximum length of time from start to the protection print of a production: _____

14. Do you rent properties to others? Yes No; If yes, what are the annual receipts? _____

Please provide a copy of your rental contract.

15. Do you perform or set up multimedia events? Yes No; If yes, please describe: _____

Estimated Costs: _____

Do you do any editing or special effects for others? Yes No; If yes please describe and provide annual receipts: _____

16. Negative/Faulty Coverage

Percentage of productions on:

Film: 35 mm _____ % Film: 16mm _____ % Film: 70mm _____ % Video _____ %
Disc _____ % CD-ROM _____ % 3D _____ % Other _____ %

Will you be using any specialized computer programs to create any images or effects? If so, please explain and give the name of the software, and provide values: _____

Name and Address of the lab/studio performing the effects: _____

Name and Address of processing/post laboratory: _____

17. Do you own any property? Yes No; If yes, please provide total value: \$ _____

18. Liability, Non Owned and Hired Auto and Workers' Compensation

Vehicle Cost of Hire: \$ _____

Provide the name and fax number of the Payroll Service being used: _____

Do you require a Certificate of Insurance from independent contractors? Yes No
If yes; what are your requirements? _____

19. Has any form of insurance ever been cancelled or declined? Yes No

If yes; please explain: _____

20. Previous Insurer and Policy Number: _____

21. Previous Loss Experience for the past three years (Attach Company Loss Runs) and explain claims

22. Desired Effective Date: _____ Expiration Date: _____

23. Stunts, Hazards and Special Effects:

If you ever become involved in any of the below (•), please notify us immediately, and provide the following (A.-D.):

- Use of watercraft
- Use of trains or railroads
- Expensive Antiques or autos
- Other dangerous auto scenes
- Use of Aircraft, helicopters, or balloons
- Underwater filming
- Use of animals
- Auto chase scenes
- Filming above fifty feet
- Filming near/on water
- Use of pyrotechnics
- Auto crash scenes
- Underground Filming
- Other stunts or hazards

A. Description of the Scene and Storyboard.

B. Details on where and how the scene will be performed.

C. Details of all safety features put in place to protect people and property.

D. Name and telephone number of stunt and special effects coordinator.

Additional information may be requested at a later date.

24. Please list Replacement Costs/Desired Limits:

Coverage	Limit of Liability
Neg./Video/Soundtracks/Disc	\$ _____
Faulty Stock & Processing	\$ _____
Props, Sets and Wardrobe	\$ _____
Fine Arts, Jewelry, etc.	\$ _____
Extra Expense	\$ _____
Third Party Property Damage	\$ _____
Miscellaneous Equipment: Rented	\$ _____
Miscellaneous Equipment: Owned	\$ _____
Office Contents	\$ _____
Money and Currency	\$ _____
Other (Describe)	\$ _____
	\$ _____
	\$ _____

25. Are Production members under union contract? Yes _____ No _____

a. Which unions? _____

26. Show total gross payroll and fees by State of hire:

Cast _____

Production Crew _____

Office/Clerical _____

Post Production _____

Other _____

Note: Independent Contractors/Sub-Contractors must show you proof (in the form of a Certificate of Insurance) that they have Worker's Compensation Coverage otherwise they will automatically be included under your policy.

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in a way as to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Federal ID# _____