

C & S Int'l Insurance Brokers, Inc.  
19 Fulton Street Suite 308A  
New York, NY 10038  
Tel: 212 406-4499  
Fax: 212 406-7584  
[staff@csins.com](mailto:staff@csins.com)

Short Term Production Application

**Contact Information**

Name of Insured: \_\_\_\_\_

Entity Type: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Federal ID/Social Security #: \_\_\_\_\_

**Qualification Questions**

Any: Stunts, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns Rap Music?  Yes  No

Is coverage required outside of the U.S. and Canada?  Yes  No

Any Prior Production With Any Losses of Any Kind?  Yes  No

**Production Details**

Type of Production \_\_\_\_\_

Title of Production \_\_\_\_\_

Budget (Gross Production Cost) \_\_\_\_\_

Brief Description/Synopsis of Shoot \_\_\_\_\_

\_\_\_\_\_

Cities & States of Shooting Locations \_\_\_\_\_

Coverage Dates of the Production \_\_\_\_\_

**For Music Videos Only**

Type of Music \_\_\_\_\_

Music Decade \_\_\_\_\_

Artist Name \_\_\_\_\_

**Coverage Options**

**Property**

Rented Equipment Limit \$ \_\_\_\_\_

Props, Sets, Wardrobe Limit \$ \_\_\_\_\_

Negative Film/Faulty Stock  Include  Exclude

Extra Expense  Include  Exclude

Third Party Property Damage  None  250,000  
 500,000  1,000,000

**General Liability**

Blanket Additional Insureds/Certificates of Insurance (except city certificates) Automatically Included

Aggregate / Occurrence Limit  \$1,000,000 / \$1,000,000  
 \$2,000,000 / \$1,000,000  
 \$2,000,000 / \$2,000,000

City Certificates  Include  Exclude

Waiver of Subrogation  Include  Exclude

**Umbrella**

Umbrella Limit  None  1,000,000

**Hired & Non-Owned Auto**

Liability \$1,000,000  Include  Exclude

Physical Damage \$125,000 per vehicle, \$500,000 aggregate  Include  Exclude

**Workers Compensation**

*(Available in CA, FL, NC, NY, TX only)*

Workers comp required by SAG?

Yes  No

Number of Cast

Crew

Volunteers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payroll

W-2

1099

Deferred

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payroll Company Name (if any)

\_\_\_\_\_

Officer 1 Name & Title

\_\_\_\_\_

Officer 2 Name & Title

\_\_\_\_\_

Signature:

Date: