Short Term Productions Application

About This Program

This application is used to insure a single production with a maximum budget of $1,000,000 and a maximum duration of 60 days within a 60 day consecutive period.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Budget top sheet
- Synopsis
- Stunt Schedule (if any stunts/hazardous activities)
- Cast Schedule (if cast coverage is required)
- Cast Medical Certificates (for cast members that require sickness coverage)
- Animal Schedule (if animal death/injury coverage required)

Applicant Information

Named Insured:	
Entity Type:	☐Individual ☐LLC ☐LLP ☐Corporation ☐Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Will the production include any Hard-Core or Soft-Core pornography?	☐ Yes ☐ No
Will the production include any live gangster rap music?	☐ Yes ☐ No
Any unprotected or open heights above 15 feet?	☐ Yes ☐ No
Will any production activities take place outside of the U.S. and Canada?	☐ Yes ☐ No
Confirm your understanding that if coverage is provided, only one production will be covered by the policy(s) issued.	☐ Yes ☐ No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	☐ Yes ☐ No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	☐ Yes ☐ No
Any losses in the past 3 years? If yes, provide details below.	☐ Yes ☐ No

Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

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

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

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Productions Details

Production Name	
Type of Production	
Gross Production Cost	
Number of Episodes (if applicable)	
Production Start/End Dates	From: / / To: / /
Shooting Location(s) – Cities & States	
Synopsis	

Music Videos Only

Type of Music	
Decade	
Artist's Name	

Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)
At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

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Stunts and/or Hazardous Activities

(Visit http://www.abacus.net/programs/shorttermproductions/stunts.aspx for stunts & categories)

Will the production include any:
stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATVs, blanks, squibs, guns or other hazardous activities. ☐ Yes ☐ No

If yes, the information below is required for each stunt/hazardous activity:

Stunts	
Stunt Category	
Stunt Type	
Detailed Description of Stunt Scene(s)	
Date(s) of Stunt Activity	From: / / To: / /
Names of Stunt Coordinator(s)/Professional(s), if any	
Are the Stunt Coordinator(s)/Professional(s) Licensed?	
Are Permits Required? If yes, have they been obtained?	
Describe any safety precautions taken:	
Any cast members involved/in close proximity to the stunt	
Number of vehicles involved in the stunt	
Maximum speed of vehicles	
Any collisions or explosions? If yes, describe:	
Animal Coverage	
Type of Animal & Breed of Animal	
Value of Animal	
Where will animal be housed during/after filming	
Who is responsible for the animal during transport	
Date(s) of Animal Activity	From: / / To: / /
Number of scenes	
Any replacements for the animal/can they be substituted	
Detailed Description of Animal Scene(s)	

Required Attachments for Stunts/Hazardous Activities:

- Detailed synopsis of stunt
- Resume(s) of stunt coordinator(s)/pyrotechnician(s)
- If animal coverage (death, illness) is required, include certificate of good health

Notes:

- Certain stunts/hazardous activities are ineligible
- Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities

For additional stunts in the same production, duplicate this page.

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Coverages

Dates of Coverage Effective: / / Expiration: / /

Coverage		Limit	Deductible
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit	*		n/a
Blanket Additional Insureds/Certificates of insurance	*	Included	n/a
City Certificates		☐ Include ☐ Exclude	
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Inland Marine (* Indicates required coverages if Inland Marine is purchased)			
Rented Equipment (Camera, Lighting, Sound, etc.)			
Rented Props, Sets, Wardrobe			
Rented Furs, Jewelry, Arts, Antiques			
Owned Equipment, Props, Sets, Wardrobe			
Negative Film, Videotape & Digitalized Image			
Faulty Stock, Camera & Processing		Same as Negative Film	
Third Party Property Damage			
Extra Expense			
Office Contents			
Rental Cost Reimbursement			
Animal Extra Expense		☐ Include ☐ Exclude	
Civil Authority Coverage			
Cast Coverage (circle % of budget to cover)		100% 75% 50% 25%	
Covered Person Extension (without sickness)		☐ Include ☐ Exclude	
Covered Person Extension (with Sickness)		*Select limit below*	
5,000 per person / 25,000 aggregate		☐ Include ☐ Exclude	
10,000 per person / 50,000 aggregate		☐ Include ☐ Exclude	
25,000 per person / 100,000 aggregate		☐ Include ☐ Exclude	
Family Bereavement		☐ Include ☐ Exclude	
Waiver of Subrogation		☐ Include ☐ Exclude	
Automobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			
Workers Compensation (* Indicates required coverages if Workers Comp is purchased)			
Limit of 1,000,000	*	☐ Include ☐ Exclude	n/a
All States Endorsement		☐ Include ☐ Exclude	n/a
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Excess Liability			
Occurrence / Aggregate Limit			n/a

Applicant Signature: Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: Insurance Agency/Agent: License Number:

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

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Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll Company and Shoot Duration

Name of Payroll Company, if any	
Number of Shoot Days	

Payroll

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Production			
Clerical			
Sales			
Editing			
Photography			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	☐ Included ☐ Excluded

Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

- Workers Compensation coverage may not be available in all states.
- Certain production activities may preclude the production from being eligible for workers compensation coverage.

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Cast Extra Expense

Complete this section if cast coverage is required.

Select Coverages

	Cast Coverage Option	Description / Maximum Limit	Medical Required for Sickness Coverage	Requirements
Cast/Crew does not have to be scheduled to be covered (Select required coverages)				
☐	Covered Person Extension (without sickness)	Extends cast coverage to include any person necessary to complete the production.	n/a	none
☐	Covered Person Extension (including sickness)	Extends cast coverage to include any person necessary to complete the production.	No	none
☐	Family Bereavement	Up to the budget	No	none
Cast/Crew must be scheduled to be covered (Select required coverages)				
☐	Accidental causes only	All scheduled cast/crew, up to the budget	No	Schedule of cast members
☐	Accident, sickness and death	All scheduled cast/crew, up to the budget	Yes	Schedule of cast members, medical

Individuals to be Scheduled (List individuals to be scheduled)

First & Last Name	Role/Position	Date of Birth	Production Start & End Date
		/ /	From: / / To: / /
		/ /	From: / / To: / /
		/ /	From: / / To: / /
		/ /	From: / / To: / /
		/ /	From: / / To: / /
		/ /	From: / / To: / /
		/ /	From: / / To: / /

Notes:

- Individuals that are scheduled must undergo a medical examination and be approved by underwriters in order to receive sickness coverage.

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Animal Death, Illness, Injury

Complete this section if death, illness and injury coverage is required for any animal(s).

Animals to be Scheduled (List each animal to be scheduled)

Type of Animal	Name	Age	Value	Production Name	Description of Activities	Production Start & End Dates
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /
						From: / / To: / /

Notes:

- For sickness coverage, a veterinarian certificate of good health is required.

Cast Medical Certificate

Section 1: ARTIST'S STATEMENT OF DECLARED HEALTH (Must be completed by artist show below)

Name of Artist		Production Title	
Artist's Role		Production Company	
Date of Birth / Sex	/ / M / F	Filming Dates	First Day: Last Day:

1. Have you to the best of you knowledge and belief, ever had or been informed you have/had:

a)	Allergies, anemia or disorder of the blood?	☐ Yes ☐ No
b)	Any disease, disorder or injury of the bones, joints, muscles, back, spine, or neck?	☐ Yes ☐ No
c)	Any disorder of the skin, lymph glands, immune system, cyst, tumor or cancer?	☐ Yes ☐ No
d)	Any infections or diseases of eyes, ears, nose or throat in the past 5 years?	☐ Yes ☐ No
e)	Cold sores on lips or face in the past 5 years?	☐ Yes ☐ No
f)	Convulsions, paralysis or stroke, fainting attack, severe headaches or disease of the brain or nervous system?	☐ Yes ☐ No
g)	Diabetes, gout or any disease or abnormality of the thyroid or other glands?	☐ Yes ☐ No
h)	Duodenal or gastric ulcer, colitis, or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder or hernia?	☐ Yes ☐ No
i)	High blood pressure, heart attack, pain in chest, or any other disorder of the heart or blood vessels?	☐ Yes ☐ No
j)	Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney or genito-urinary system?	☐ Yes ☐ No
k)	Tuberculosis, asthma, emphysema, persistent cough or any disease or abnormality of the lungs or respiratory system?	☐ Yes ☐ No
l)	Any significant change of weight (20 lbs. or more or 10% of body weight) in the past year?	☐ Yes ☐ No
m)	Treatment for any indication of excessive use of alcohol or drugs?	☐ Yes ☐ No
n)	Any eating disorder?	☐ Yes ☐ No
o)	Disorder of skin, lymph glands, cyst, tumor or cancer.	☐ Yes ☐ No

2. During the last twenty-one days, do you have reasons to believe that you been exposed to any infectious or contagious disease? ☐ Yes ☐ No

3. Are you currently using or in the last 12 months have you used:

a) Drugs (prescription or non-prescription), ☐ Yes ☐ No
b) Narcotics, depressants, stimulants, or psychedelic drugs, heroin or cocaine ☐ Yes ☐ No
c) Tobacco? Alcohol? Frequency? ☐ Yes ☐ No

4. In the past 5 years: consulted a doctor, been under a doctor's care, had surgical advice/treatment or been confined to a hospital? ☐ Yes ☐ No

5. In the past 3 years: missed any work time as a result of illness or injury while in any film or stage production? ☐ Yes ☐ No

6. Are you now or will you be at any time during the period of production involved in any stunt work or employed on or performing in any other film, stage or other professional engagement? If yes, Name of Production: ☐ Yes ☐ No

7. Are you now or will you at any time during the period of production be involved in any potentially hazardous physical activities or hazardous sports, including but not limited to auto/motorcycle racing, equestrian, gliding/flying/skydiving/mountain climbing, scuba diving, snow or water skiing, or other (please specify? ☐ Yes ☐ No

8. Has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for any Cast Insurance, Non-Appearance Insurance or Accident, Health or Life Insurance? ☐ Yes ☐ No

9. Do you suffer from any phobias or are you aware of any mental health problems that may prevent you from carrying out your scheduled production activities? ☐ Yes ☐ No

10. Are there any other conditions (medical or otherwise) that might affect your ability to perform your duties on this production? ☐ Yes ☐ No

11. To be completed if the artist is a female: Have you had any disorder of menstruation, pregnancy or the female organs or breasts? To the best of your knowledge are you now pregnant? If yes, how many months? ☐ Yes ☐ No

12. To the best of your knowledge are you in good health and free from physical impairment or disease? If no, please explain. ☐ Yes ☐ No

13. In what location(s) will you be filming? Please indicate vaccinations taken for filming in any foreign locations.

14. Name, phone Number of your personal physician (If none, so state):
Last examined? Why? Results?

AFFIDAVIT & AUTHORIZATION TO RELEASE INFORMATION

I declare that I am the person named above, that the statements made by me on the pages of this Artist's Statement of Declared Health made hereon by me are true, correct and complete, and that I have not withheld information known to me which might alter or otherwise conflict with the statements made by me on this Statement.

I declare that, during the period of this production, I will continue to take any medications or follow any course of treatment currently prescribed to me by my personal physician(s) as indicated on this Statement.

I understand that coverage for insurance may be granted based upon the representations and facts stated by me on this Statement as true. If a policy is issued and a claim is paid there under, I understand that the insurer will hold me personally liable and seek recoupment from me or my estate if it is thereafter determined that the statements I made hereon are not true, correct and otherwise complete, or that I have withheld information known to me which might alter or otherwise conflict wtih the statements I have made. I further agree to cooperate with any claim investigation and to be reexamined by insurer's doctors in the event a claim is made.

I hereby direct, authorize and request any physician, medical practitioner, hospital, laboratory, health care provider, or other medical or medically related facility, insurance or reinsurance company to permit the insurer or its representatives, production company, insurance broker, or their agents to review and copy all medical reports, x-rays, charts, records and other data in the Medical Records Holders possession or control that pertain in any manner to my medical history, physical or mental condition, care and/or treatment. The Medical Records Holder is also authorized to discuss such information or provide a written report as necessary. This information is to be used for the purpose of processing, verifying, investigating and/or evaluating an application for insurance, a claim for insurance benefits or responsibility for payment or legal liability in relation to the above named production. This authorization shall be considered valid for twenty four (24) months from the date on which it is signed. A copy of this authorization shall be considered as valid as the original, and I am entitled to receive a copy of this authorization if I request such. I also consent to the release of any information gathered by Abacus Insurance Brokers, Inc. or the Insurance Company(s) to any production company, which may be considering me for a role.

Artist's Comments

For any 'yes' answers, provide details on a separate page including diagnosis, treatment, results, dates of disability, degree of recovery and name and phone number of attending physician.

Signature of Artist or Legal Guardian: _____ Date: _____

Section 2: PHYSICAL EXAMINATION (To be completed by the examining physician)

Date of Examination _____

Examining Physician _____

Physician's Address _____

Physician's Phone _____

General Appearance of Examined Artist

Height _____ Weight _____ Temp _____ Pulse _____

Blood Pressure _____ EENT _____ Heart _____ Lungs _____

Abdomen _____

Physician's Comments: (Please complete any further examination you deem necessary as a result of your findings or Examinee's history and comment on any condition revealed by artist. Please include notes on examination and any abnormal findings and recommendations. If additional space is needed, please use additional pages)

_____

_____

_____

_____

In my professional opinion, the artist is _____is not_____ in sound health and free from disease and is in a fit condition, subject to any qualifications mentioned above, to fulfill his/her production/performance/engagement.

Signature of Physician _____ Date: _____

Date _____

Qualifications/License of Physician _____

For Insurance Company Use Only

☐ Accident & Accidental Death only

☐ Accident, Death & Sickness (unrestricted)

☐ Accident, Death & Sickness (restricted)
Restrictions:

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

☐ **COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

☐ **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

☐ **FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

☐ **MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

☐ **MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.

☐ **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

☐ **NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

☐ **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

☐ **OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

☐ **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

☐ **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____YES **_____NO**

☐ **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

☐ **WISCONSIN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

☐ **ALL OTHER STATES:** 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.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF 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.

_____	_____
SIGNATURE OF APPLICANT	DATE