

Documentaries, Industrial, Commercial & Educational (DICE) Application

| Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____
Stunt coordinator	_____	_____	_____

In business under present management since (year): _____

Applicant experience: Please provide resume, CV or bio along with examples of applicant's work.

| Production Information

Source of financing: _____

Release or distribution organization: _____

Loss, if any, will be payable to: _____

Production Information *(Continued)*

Please indicate percentage of productions on each medium type: _____ % Film _____ % Digital _____ % Tape

Are production personnel union members? ☐ Yes ☐ No

Please provide name and location for services to be used:

Service type	Service name	Service location
Studio		
Laboratory		
Vault		
Cutting room		

Estimated number of productions to be produced annually: _____

Average cost per production: _____ Maximum cost of any one production: _____

Estimated gross annual production costs:

Tape: _____ Film: _____ Total: _____

Please estimate the percentage of total activity represented by the following production types:

_____ % Music video	_____ % Second unit filming	_____ % Industrial
_____ % Commercials	_____ % Computer effects	_____ % Infomercials
_____ % Travel logs	_____ % Exercise videos	_____ % Still shots
_____ % CD-ROM	_____ % Animation	_____ % Other _____

Will any of the productions involve the following:

Stunts	<input type="radio"/> Yes	<input type="radio"/> No
Railroads	<input type="radio"/> Yes	<input type="radio"/> No
Watercraft	<input type="radio"/> Yes	<input type="radio"/> No
Aircraft	<input type="radio"/> Yes	<input type="radio"/> No
Underwater filming	<input type="radio"/> Yes	<input type="radio"/> No
Animals	<input type="radio"/> Yes	<input type="radio"/> No
Pyrotechnics	<input type="radio"/> Yes	<input type="radio"/> No

If yes to any of the above, please describe, and add separate sheet if necessary:

Percentage of direct cost to be included as overhead: _____ %

Production Information *(Continued)*

Percentage of productions to be filmed outside of the U.S. or Canada: _____ %

Please list countries: _____

Number of times per year: _____

Average days per production: _____

Maximum cost any one production: _____

Maximum length of time of any single production from photography start to protection print: _____

Average estimated length of time from photography start to protection print of all productions to be insured: _____

General Information

Maximum loss exposure: _____ any one occurrence

(Total amount of negative film without protection prints to be stored at any one time at one location)

	Owned	Rented (maximum at any one time)	Total
Props			
Sets & scenery			
Wardrobe & costumes			
Cameras & lenses			
Sound & recording			
Electrical & lighting			
Editing & projection			
Other equipment			
Other contents			

Please describe any individual items valued at more than \$25,000:

Method for transporting negatives to processing lab: _____

Frequency: _____

Inventory control methods: _____

Person responsible: _____

General Information *(Continued)*

Will mobile location studio vehicles be used? ☐ Yes ☐ No

If yes, please provide description of each unit, including values and estimates of annual cost to hire:

How will equipment and property be protected and secured while in use on location, during transport, and while stored or not in use?

Does the applicant rent property to others? ☐ Yes ☐ No

If yes, total annual receipts: _____ Please provide a copy of the applicant's rental contract.

Has any form of insurance ever been canceled or declined (not applicable in Missouri)? ☐ Yes ☐ No ☐ Not applicable

If yes, please describe: _____

Previous insurer policy number: _____

Previous loss experience: _____

Coverages Requested

	Limit of Liability	Deductible
Negative/videotape		
Faulty stock/camera/processing		
Props, sets & wardrobe		
Cameras, lenses, sound, lighting, recording, electrical, editing, projection & other equipment		
Extra expense		
Property damage liability		
Office contents		

Requested effective date of policy: _____

Term of policy: _____

Submission Requirements

This application requires additional documentation:

- Applicant's resume, CV or bio
- Examples of the applicant's work
- Copy of rental contract, if the applicant rents equipment or property to others

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER