

# 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  Yes  No

Railroads  Yes  No

Watercraft  Yes  No

Aircraft  Yes  No

Underwater filming  Yes  No

Animals  Yes  No

Pyrotechnics  Yes  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](mailto:info@aes.auw.com).*

# Fraud Statements / Signature

**The following is part of the Application:**

## **Applicable in AL**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

## **Applicable in AR, LA, MD, 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 CA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **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 DC**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

## **Applicable in FL**

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.

## **Applicable in KS**

A "fraudulent insurance act" means an act committed by 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**

Any person who knowingly and with intent to defraud any insurance company or other 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.

## **Applicable in ME**

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.

## **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 NM**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## **Applicable in NY**

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 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.

## **Applicable in OH**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

# Fraud Statements / Signature

**Applicable in OK**

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.

**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 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.

**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.

**Applicable in TN and VA**

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

**Applicable in WA**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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