

Fireman's Fund Insurance Companies
10 Universal City Plaza, Suite 2800
Universal City, CA 91608
Tel: 818-487-6100
Fax: 818-4876172



D.I.C.E. SUPPLEMENTAL

Policy Number: _____

1. Applicant's Name: _____

2. Mailing Address: _____

Premises Address: _____

Telephone: _____ Fax: _____

3. Applicant is: _____ Individual, _____ Partnership, _____ Corporation, _____ Other

Please Explain: _____

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

Insurance Coordinator: _____ Accountant: _____

5. Applicant's Experience in the business: _____

6. Type of Productions and Percentage of Activity:

Music Videos _____ % 2nd Unit Filming _____ % Industrials _____ % Documentaries _____ %

Commercials _____ % CD-ROM/DVD _____ % Computer Effects _____ %

Travel Logs _____ % Exercise Videos _____ % Animation _____ % Infomercials _____ %

Documentaries/Infomercials, please describe in detail: _____

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

8. Estimate Annual Gross Production Costs: \$ _____
List any Expenses or Producer Fees you wish to exclude: _____

Percentage of Overhead not directly related to the productions to be included: _____ %
Maximum cost any one production: _____
Average daily production costs: _____

9. Do you distribute any of the items in question number six? If yes, please describe and provide annual receipts: _____

Do you distribute any products? If yes, please describe and provide annual receipts: _____

(Attach a copy of the contract)

10. Percentage of productions outside country of origin: _____ %
List Countries: _____
Exchange Rate to be declared: _____ per \$1.00 / Country: _____

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

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

13. Negative / Faulty Coverage:

Percentage of productions on: Film: 35mm _____ % 16mm _____ % 60mm _____ %
70mm _____ % Video _____ % Disc _____ % CD-ROM/DVD _____ % 3-D _____ %

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: _____

14. Do you rent property to others? Yes _____ No _____ If yes, please provide a copy of your rental contract. Annual rental receipts: \$ _____

15. Do you perform or set up multi-media events? If yes, please describe: _____

Estimated Costs: _____

16. Do you own any property? Yes _____ No _____ If yes, please provide total value:
\$ _____
(If in excess of \$250,000 please attach an Acord Property application)

17. Please complete and attach Liability, Non-Owned & Hired Auto and Workers Compensation
Acord applications with this form.
Vehicle Cost of Hire: \$ _____
Provide the name and phone number of your payroll service, if applicable: _____

Do you require a certificate of insurance from independent contractors and what are your
requirements? _____

18. Has any form of insurance ever been cancelled or declined? Yes _____ No _____
If yes, please explain: _____

19. Previous insurer and policy number: _____

20. Previous loss experience for the past three years (Attached company loss runs): _____

21. Desired Effective Date: _____ Expiration Date: _____

22. Stunts, Hazards, and Special Effects:

Please indicate if any of your productions involve any of the following activities:

- | | | |
|---------------------------------------------------------------|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Use of Watercraft | <input type="checkbox"/> Under Water Filming | <input type="checkbox"/> Filming Near or on Water |
| <input type="checkbox"/> Use of Aircraft/Helicopters/Balloons | | <input type="checkbox"/> Use of Trains/Railroads |
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Use of Pyrotechnics | <input type="checkbox"/> Expensive Antiques/Autos |
| <input type="checkbox"/> Auto Chase Scenes | <input type="checkbox"/> Auto Crash Scenes | <input type="checkbox"/> Other Dangerous Auto Scenes |
| <input type="checkbox"/> Filming above 50 feet | <input type="checkbox"/> Underground Filming | <input type="checkbox"/> Other Stunts/Hazard |

If any of the above items apply, please provide the following information:

- A. Description of the scene and story boards
- 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 phone number of the stunt or special effects coordinator
- E. Additional questions may be asked later.

COVERAGE

LIMIT OF LIABILITY

DEDUCTIBLE

Props, Sets and Wardrobe
Fine Arts, Jewelry, etc.

\$ _____
\$ _____

\$ _____

Extra Expense

\$ _____

\$ _____

Third Party Property Damage

\$ _____

\$ _____

Miscellaneous Equipment
Rented
Owned

\$ _____
\$ _____

\$ _____
\$ _____

Office Contents

\$ _____

\$ _____

Hired Auto Physical Damage

Included

\$ _____ Min.
\$ _____ Max.

Electronic Data Processing
Hardware
Software
Extra Expense

Included
\$ _____
\$ _____

\$ _____

Money & Currency

\$ _____

\$ _____

Negative Film/Videotape

\$ _____

\$ _____ Min.
\$ _____ Max.

Faulty Stock & Processing

\$ _____

\$ _____ Min.
\$ _____ Max.

Other

\$ _____
\$ _____

\$ _____
\$ _____

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 _____

Applicant's Signature _____
Name _____
Position _____

Agent/Broker: _____

Address: _____

Phone: _____

Fax: _____