



entertainment

Intact Entertainment
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D.I.C.E. SUPPLEMENTAL APPLICATION

Policy Number: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Street & Mailing Address: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Applicant is a: [ ]Corporation [ ]Individual [ ]Partnership [ ]Other (Explain): \_\_\_\_\_

4. Owners Name & Title: \_\_\_\_\_ Audit Contact: \_\_\_\_\_

Insurance Coordinator: \_\_\_\_\_ Accountant: \_\_\_\_\_

5. Applicants Experience in the business: \_\_\_\_\_

6. Type of Productions & Percentage of Activity:

Music Video \_\_\_\_ % 2nd Unit Filming \_\_\_\_ % Industrial \_\_\_\_ %
Commercials \_\_\_\_ % Travel Logs \_\_\_\_ % CD-ROM \_\_\_\_ %
Computer Effects \_\_\_\_ % Exercise Videos \_\_\_\_ % Animation \_\_\_\_ %
Infomercials \_\_\_\_ % Still Shots \_\_\_\_ % Other \_\_\_\_ %

Other Documentaries/Infomercials, please describe in detail: \_\_\_\_\_

7. Name three of your major clients, or your last three clients: \_\_\_\_\_

8. Number of productions completed in the policy year: \_\_\_\_\_

9. Estimated Annual Production Cost: \$ \_\_\_\_\_

**D.I.C.E. SUPPLEMENTAL APPLICATION (Cont'd)**

List any Expenses or Producer Fees you wish to exclude: \_\_\_\_\_

Percentage of Overhead not directly related to the production to be included: \_\_\_\_\_%

Maximum Cost of any one production: \_\_\_\_\_

Average daily production costs: \_\_\_\_\_

10. Do you distribute any of the items in question number six? Yes No; If yes, please describe and provide annual receipts \_\_\_\_\_

Do you distribute any products? Yes No; If yes, please describe and provide annual receipts \_\_\_\_\_

11. Percentage of productions outside country of origin: \_\_\_\_\_%

List Countries: \_\_\_\_\_

Exchange rate to be declared: \_\_\_\_\_ per \$1.00 / Country: \_\_\_\_\_

12. Percentage of Location Filming: \_\_\_\_\_% Percentage of Studio Filming: \_\_\_\_\_%

13. Maximum length of time from start to the protection print of a production: \_\_\_\_\_

14. Do you rent property to others? Yes No; If yes, what are the annual receipts? \_\_\_\_\_

Please provide a copy of your rental contract.

15. Do you perform or set up multimedia events? Yes No; If yes, please describe: \_\_\_\_\_

Estimated Costs: \_\_\_\_\_

Do you do any editing or special effects for others? Yes No; if yes, please describe and provide annual receipts: \_\_\_\_\_

16. Negative/Faulty Coverage

Percentage of productions on:

Film: 35 mm \_\_\_\_\_ %    Film: 16 mm \_\_\_\_\_ %    Film: 70 mm \_\_\_\_\_ %    Video \_\_\_\_\_ %

Disc \_\_\_\_\_ %    CD-ROM \_\_\_\_\_ %    3D \_\_\_\_\_ %    Other \_\_\_\_\_ %

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: \_\_\_\_\_

**D.I.C.E. SUPPLEMENTAL APPLICATION (Cont'd)**

Name and address of the lab/studio performing the effects: \_\_\_\_\_

Name and address of processing/post laboratory: \_\_\_\_\_

17. 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)

18. Liability, Non Owned and Hired Auto and Workers' Compensation  
(Please complete Acord applications with this form)  
Vehicle Cost of Hire: \$ \_\_\_\_\_

Provide the name and telephone number of the Payroll Service being used: \_\_\_\_\_

Do you require a Certificate of Insurance from independent contractors?  Yes  No; if yes, what are your requirements? \_\_\_\_\_

19. Has any form of insurance ever been cancelled or declined? Yes No; If yes, please explain: \_\_\_\_\_

20. Previous Insurer and Policy Number: \_\_\_\_\_

21. Previous Loss Experience for the past three years (Attach Company Loss Runs) \_\_\_\_\_

22. Desired Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

23. Stunts, Hazards and Special Effects:  
If you ever become involved in any of the below (•), please notify us immediately, and provide the following(A.-D.):

- Use of watercraft
- Use of trains or railroads
- Expensive antiques or autos
- Other dangerous auto scenes
- Use of aircraft, helicopters or balloons
- Underwater filming
- Use of animals
- Auto chase scenes
- Filming above fifty feet
- Filming near/on water
- Use of pyrotechnics
- Auto crash scenes
- Underground filming
- Other stunts or hazards

A. Description of the Scene and Storyboard

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 telephone number of stunt and special effects coordinator.

*Additional Information may be requested at a later date.*

**D.I.C.E. SUPPLEMENTAL APPLICATION (Cont'd)**

24. Limits of Liability and Deductibles:

<b>Coverage</b>	<b>Limit of Liability</b>	<b>Deductible</b>
Props, Sets and Wardrobe	\$	\$
Fine Arts, Jewelry, etc.	\$	\$
Extra Expense	\$	\$
Third Party Property Damage	\$	\$
Miscellaneous Equipment: Owned	\$	\$
Office Contents	\$	\$
Hired Auto	INCLUDED	
Electronic Data Processing Hardware	INCLUDED	
Software	\$	\$
Extra Expense	\$	\$
Money and Currency	\$	\$
Neg./Video/Soundtracks/Disc	\$	\$
Faulty Stock & Processing	\$	\$
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 Signed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_