

Acquisition and Development

Film Library and Distribution Application - New Business

NOTICE: The limit of liability available to pay damages will be reduced and may be exhausted by claim expenses. Furthermore, claim expenses will be applied against the retention. Read the policy and this application carefully and consult your insurance advisor with any questions.

GENERAL INFORMATION

Name of Applicant *

Address of Applicant *

City

State

Zip code

Website address

Date of formation - Month

Day

Year

Name(s) of company principals

For purposes of this application, "you/your" includes the Applicant and any other persons or entities seeking coverage under this insurance on whose behalf the Applicant is authorized to submit the following information.

YOUR COVERAGE REQUESTS

1. Desired policy limit - Each loss \$

Aggregate \$

Desired retention

☐ Option 1: \$10,000 ☐ Option 2: \$25,000 ☐ Option 3: \$

2. Type of coverage requested

☐ Acquisition and development only ☐ A&D/distribution ☐ Distribution only ☐ A&D/film library ☐ Film library only
☐ A&D/distribution/film library

YOUR FINANCIAL INFORMATION

3. For A&D activities, estimate expenditures for all acquisition and development activities for the upcoming year (\$)

4. For distribution or film library activities, estimate gross revenues from all distribution activities for the upcoming year (\$)

YOUR ACQUISITION AND DEVELOPMENT DETAILS

5. Estimate the number and types of productions to be acquired or developed.

Films for theatrical release

Films for television

Films for DVD

Television series

Reality television

Webisodes/internet productions

Docu-dramas

Documentaries

Animation

Game/quiz shows

Other (please specify)

6. Average production budget of productions acquired or developed (\$)

7. Do you accept unsolicited submissions outside of agents' or lawyers' submissions?

☐ Yes ☐ No

If yes, describe your unsolicited-submissions procedures

8. What percentage of projects (either acquired or developed) do you also produce post-principal photography?

9. Provide a list and description of projects currently in development

YOUR DISTRIBUTION AND FILM LIBRARY DETAILS

10. How many titles are in your film library?

11. Provide a list of titles in your library, including details of the first release and any insurance coverage

12. Average number of titles acquired per year

13. Provide a list of genres in your library

14. What percentage of your library are titles that you have produced?

15. What percentage of your library are titles that you have acquired, purchased, or licensed?

16. Have all titles been previously exhibited?

☐ Yes ☐ No

17. Territory in which films will be distributed

☐ International ☐ National ☐ Regional

18. Do you distribute films online?

☐ Yes ☐ No

18a. If yes, do you have a privacy policy?

☐ Yes ☐ No

18b. If yes, are you in compliance with applicable privacy law?

☐ Yes ☐ No

CLEARANCE PROCEDURES

19. Name of individual attorney(s)

Firm name

Firm address

Years of media/intellectual property law experience

Telephone

Email

20. Does your attorney approve as adequate the steps taken for clearance procedures in connection with the acquisition and/or distribution of each production?

☐ Yes ☐ No

21. If requesting acquisition and development coverage, have all necessary rights been obtained in connection with the acquisition and development of each production?

☐ Yes ☐ No

22. If requesting distribution or library coverage, have all necessary rights been acquired for distribution of all titles?

☐ Yes ☐ No

23. Do you obtain full indemnities from sellers or licensors against liability arising from the distribution, exhibition, or other use of the production(s) distributed?

☐ Yes ☐ No

If no, explain

24. Do you require sellers or licensors to maintain current and continuous Producers E&O insurance on each production acquired or licensed for distribution?

☐ Yes ☐ No

If no, explain

25. If you produce your own production(s), is a primary Producers E&O insurance obtained for each production?

☐ Yes ☐ No

If no, explain

Acquisition and Development

Application continued

CURRENT INSURANCE

26. In the past three years, has any similar insurance been issued to you?

☐ Yes ☐ No

If yes, provide currently valued loss runs for the past ten policy years and the following information.

Company

Policy number

Coverage dates

Limit of liability \$

Retention \$

Premium \$

27. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to you? (Missouri applicants/agents: do not answer.)

☐ Yes ☐ No

If yes, provide details

CLAIMS REPRESENTATION

28. Have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance?

☐ Yes ☐ No

If yes, provide full details including the date of each claim or loss, amount of claim, defense costs paid, and remedial action taken

29. Are you aware of any problem likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance?

☐ Yes ☐ No

If yes, specify details of each problem

It is understood and agreed that with respect to the claims representation questions above, if such knowledge or information exists any claim or action arising therefrom is excluded from the proposed coverage.

SUPPLEMENTAL INFORMATION

30. Please attach your standard distribution agreement.

APPLICATION DISCLOSURES

If there is any material change in the answers to the questions in this application before the proposed policy inception date, you must notify us in writing. In such case, we have the right to cancel, withdraw, or modify any outstanding quote for insurance coverage or any policy that may have been issued. Your submission of this application does not obligate us to issue, or require you to purchase, a policy.

You authorize us to make any inquiry in connection with this application. All written statements and materials provided to us in conjunction with this application are incorporated into this application and made a part of it. The undersigned, as your authorized representative or agent, declares to the best of their knowledge and belief and after reasonable inquiry, that the statements made in this application are true, accurate, and complete. The undersigned agrees that we will rely on this application in issuing any insurance policy providing the requested coverage, and that this application will form the basis of any such insurance policy.

The following applies to applicants located in AR, MO, NY, NM and RI: The undersigned Applicant (or their authorized representative) acknowledges that the limit of liability contained in the policy shall be reduced, and may be completely exhausted, by the costs of legal defense. The undersigned also acknowledges that legal defense costs incurred shall be applied against the retention amount.

NOTICE TO APPLICANTS

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 act, which is a crime and may subject such person to criminal and civil penalties.

Arkansas, New Mexico and West Virginia: 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 fines and confinement in prison.

California: 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.

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 insurance 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 Authorities.

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 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.

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.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: 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.

Louisiana: 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 fines and confinement in prison.

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

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

Ohio: 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.

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 (365:15-1-10, 36 §3613.1).

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

Pennsylvania: 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.

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

Vermont: 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, may be guilty of a criminal offense and subject to civil penalties under state law.

New York: 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 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.

APPLICANT INFORMATION

Applicant name *

Authorized signature

Name/title

Date

PRODUCER INFORMATION

Producer name

Producer signature

Date

Address of producer - Street

City

State

Zip

Email address

Producer license number (required only in Florida)

Producer signature is required only in Iowa.