



BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")

NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.

APPLICATION INSTRUCTIONS:

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the entities or individuals stated in Question 1, Section I. GENERAL INFORMATION, below.
2. Provide a complete response to all questions and attach additional pages as needed.
3. Production means any one production, multiple productions or a series of productions to be insured.
4. If multiple productions or a series of productions are to be insured, please respond to each question by attaching to this Application a complete response for each production or series of productions.
5. Please attach a copy of the following for every **Applicant** seeking coverage:
 - Experience resume of its Producer and Executive Producer for Production;
 - Standard contract with authors, distributors, etc.;
 - Video/DVD copy of Production or copy(ies) of script(s) if Production is not complete;
 - Financial statement or budget for Production;
 - Advertising specimens for the named Production; and
 - Title Search and Report.

I. GENERAL INFORMATION:

1. Name of **Applicant**: _____
2. Address of **Applicant**: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
3. Web address: _____
4. Name, Address and Title of Primary Contact:

 City: _____ State: _____ Zip Code: _____ Telephone: _____
5. The **Applicant** is:

<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Corporation	<input type="checkbox"/> Privately Held
<input type="checkbox"/> Partnership	<input type="checkbox"/> Publicly Traded
<input type="checkbox"/> Other: _____	
6. Year established: _____
7. Number of years operated under present ownership: _____
8. Are there other subsidiaries, affiliates or other related entity(ies) (including DBAs) for which coverage is desired? Yes No

If Yes, list all such locations on a separate sheet and attach it to this Application.

NOTE: Coverage is not afforded to any entity not scheduled in this section of the Application and not specifically named as an Insured on the policy.

9. a. Is **Applicant**: (i) wholly or partially owned by, affiliated with, or controlled by any other entity(ies) not previously listed in Question 1 or 8, or (ii) does **Applicant** wholly or partially own, operate, manage or control any other businesses not previously listed in Question 1 or 8? Yes No



If Yes to either Question 9.a. (i) or (ii) above, provide complete details:

- b. During the past five years, has the **Applicant's** name been changed, or has the **Applicant** purchased, merged or consolidated with any other business, or has the **Applicant** been purchased? Yes No

If yes, please provide a summary description of due diligence performed in connection with potential liabilities and claims arising from the purchased, merged, consolidated or acquired entity. The summary description should be provided on a separate sheet and attached to this Application.

If yes, if the **Applicant** purchased another business, was the purchase an "asset purchase" or did the **Applicant** also buy or accept any liabilities? Please explain on a separate sheet and attach it to this Application.

II. SPECIFIC INFORMATION:

POLICY INFORMATION:

1. Coverage desired: Production Activities

Limits of Liability desired:

Each Claim or Related Claim: \$ _____

Aggregate for all Claims and Related Claims: \$ _____

2. Retention Amount desired for each Claim or Related Claim:

\$5,000 \$10,000 \$25,000 \$50,000 Other: \$ _____

3. Co-insurance percentage desired for Production Activities:

20% Other: _____% N/A

4. Policy Period Requested: From _____ to _____ both days at 12:01 a.m. at the principal address of the **Applicant**.

5. a. **Applicant's** estimated total gross revenues and production costs/budget for the Production:

Production Costs/Budget: _____ Estimated Gross Revenues: _____

If multiple productions or series of productions are to be insured, please provide the information requested in this Question 5 for each production or series of productions on a separate sheet and attach it to this Application.

- b. Does **Applicant** offer/publish any information on-line? Yes No

If Yes:

(i) Describe content and format: _____

(ii) Is it an interactive on-line service? Yes No

(iii) What is the web address: _____

6. a. Title of Production to be insured: _____

b. Estimated start date of principal filming: _____

c. Estimated dates for first release or air date: _____

If multiple productions or a series of productions are to be insured, please provide the information requested to this Question 6 for each production or series of productions on a separate sheet and attach it to this Application.



7. a. Type of production:

<input type="checkbox"/> Motion Picture for Theatrical Release	<input type="checkbox"/> Motion Picture for Television Release
<input type="checkbox"/> T.V. Series Number of episodes: _____	<input type="checkbox"/> T.V. Special Program Running Time: _____
<input type="checkbox"/> T.V Pilot Number of episodes: _____	<input type="checkbox"/> T.V. Docudrama Program Running Time: _____
<input type="checkbox"/> T.V. Mini-series Number of episodes: _____	<input type="checkbox"/> T.V. Daily Program Program Running Time: _____
<input type="checkbox"/> Music Video Program Running Time: _____	<input type="checkbox"/> T.V. Infomercial Program Running Time: _____
<input type="checkbox"/> Training Film	<input type="checkbox"/> Industrial Film
<input type="checkbox"/> Documentary	<input type="checkbox"/> T.V. Commercial
<input type="checkbox"/> Radio Program Number of episodes: _____	<input type="checkbox"/> Direct to Video/DVD Program Running Time: _____
<input type="checkbox"/> Other (e.g. theatrical stage presentation) Describe: _____	

b. Please list the distributor, network or cable outlet for each Production to be insured:

8. Summary of plot, including time frame and setting:

9. Production is:

Entirely fictional

Entirely fictional but inspired by real events or occurrences

True portrayal of real events or occurrences

True portrayal of real events or occurrences but includes some fictionalization

Based on another work
 Name of other work: _____

Have the necessary agreements from the owners of the other work been obtained? Yes No

Other (Please explain): _____

10. Production is:

<input type="checkbox"/> Drama	<input type="checkbox"/> Comedy	<input type="checkbox"/> Children's Show	<input type="checkbox"/> Documentary
<input type="checkbox"/> Reality	<input type="checkbox"/> Variety	<input type="checkbox"/> Game or Quiz	<input type="checkbox"/> Musical
<input type="checkbox"/> Investigative	<input type="checkbox"/> Animated	<input type="checkbox"/> Educational	<input type="checkbox"/> "How To"
<input type="checkbox"/> Commentary or Forum	<input type="checkbox"/> Sports	<input type="checkbox"/> Previously Released Film	
<input type="checkbox"/> Other (Please explain) _____			



11. **Applicant's** projected distribution:

<input type="checkbox"/> International	<input type="checkbox"/> National	<input type="checkbox"/> Regional	<input type="checkbox"/> Local
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12. Will any merchandise (such as toys, dolls, clothing, etc.) be created from the Production? Yes No

a. If Yes, please describe all such merchandise:

b. Have all necessary consents and licenses been obtained from performers, authors, artists, etc., to produce and distribute this merchandise? Yes No

c. Will appropriate trademark or other searches be made before merchandising characters or other matter that might be subject to trademark, unfair competition or other similar claims? Yes No

d. Is the merchandise being designed and/or produced by licensees of the **Applicant**? Yes No

If Yes, are the licensees providing warranties and indemnities that their contributions to the design, marketing and production of the merchandise and packaging will not infringe upon the rights of others? Yes No

III. RISK MANAGEMENT PROCEDURES:

1. **Applicant's** attorney (individual's name): _____

Firm name and address: _____

Years of experience: _____

Phone: _____ Fax: _____ Email: _____

2. Has the **Applicant's** attorney read the Clearance Procedures attached to this Application? Yes No

3. a. Does **Applicant** maintain written clearance guidelines for obtaining all necessary releases, licenses, and consents? Yes No

If Yes, please provide a copy of clearance guidelines with this Application.

b. Has the **Applicant's** attorney approved as adequate the clearance procedures used by the **Applicant** in connection with the Production? Yes No

If No, have the producer and attorney arranged that the producer will give the attorney adequate information and materials to approve clearance procedures prior to the completion of the Production? Yes No

If No to any part of this question, please describe all clearance procedures that the attorney has not yet approved (such as chain of title, script clearance, or review of contracts):

4. Does the **Applicant** have a process for processing unsolicited submissions? Yes No

If Yes, please provide a copy of this process.

5. Please check all that apply or check N/A. In connection with the production listed in Section II (6) (a), has the **Applicant** obtained all of the necessary releases, licenses and/or consents (clearances) associated with:

<input type="checkbox"/> Name and likeness <input type="checkbox"/> N/A	<input type="checkbox"/> Any portrayed or identifiable person <input type="checkbox"/> N/A	<input type="checkbox"/> Copyright <input type="checkbox"/> N/A	<input type="checkbox"/> Title <input type="checkbox"/> N/A
<input type="checkbox"/> Clips (e.g., video and film) <input type="checkbox"/> N/A	<input type="checkbox"/> Photographs <input type="checkbox"/> N/A	<input type="checkbox"/> Character and business names <input type="checkbox"/> N/A	<input type="checkbox"/> Music <input type="checkbox"/> N/A



<input type="checkbox"/> Literary works <input type="checkbox"/> N/A	<input type="checkbox"/> The use of products <input type="checkbox"/> N/A	<input type="checkbox"/> The use of distinctive locations <input type="checkbox"/> N/A	<input type="checkbox"/> The use of businesses or personal property <input type="checkbox"/> N/A
<input type="checkbox"/> New media <input type="checkbox"/> N/A	<input type="checkbox"/> Set related content (e.g., background art) <input type="checkbox"/> N/A	<input type="checkbox"/> Other material or content requiring such a release, license or consent <input type="checkbox"/> N/A	
<input type="checkbox"/> If "NO" to any of the above, please explain: _____			

6. Please describe the **Applicant's** policy and practice regarding (1) the review of licenses allowing the use of a third party's intellectual property in order to assure compliance with limitations on the term, or other scope of usage under the license, or (2) potential differences of opinion between licensor and licensee regarding limitations regarding the scope of the license. For example: Are tickler files used to monitor term limitations? Who has responsibility in your organization to spot and resolve anticipated differences of opinion about limitations on use that involve the scope of the license?

IV. LOSS HISTORY AND PRIOR KNOWLEDGE:

1. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? Yes No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

2. Please attach a list (including the status) of all producer liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: None

3. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? Yes No

If Yes, please attach a description which provides full details.

Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 4, 5, and 6 above is excluded from the proposed insurance.

V. MATERIAL CHANGE:

If there is any material change in the answers to the questions in this Application before the policy inception date, the **Applicant** must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.



VI. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:

The **Applicant's** submission of this Application does not obligate the Company to issue, or the **Applicant** to purchase, a policy. The **Applicant** will be advised if the Application for coverage is accepted. The **Applicant** hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

Notice to Arkansas, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Notice to District of Columbia Applicants: 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.

Notice to Florida Applicants: 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.

Notice to Kentucky Applicants: 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.

Notice to Louisiana and Rhode Island Applicants: 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.

Notice to Maine, Tennessee, Virginia and Washington Applicants: 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.

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

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

Notice to Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.



Chubb Group of Insurance Companies
 15 Mountain View Rd.
 Warren, NJ 07059

MEDIAGUARDSM by CHUBB
 Short Form Application
 for Producers Liability Coverage

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants: 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.

Notice to New York 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 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.

Date	Signature*	Title
_____	_____	<u>Chief Executive Officer</u>
_____	_____	<u>Chief Financial or Chief Information Officer</u>

*This Application must be signed by the chief executive officer and chief financial officer or chief information officer of the **Applicant** acting as the authorized representatives of the person(s) and entity(ies) proposed for this insurance.

<u>Produced By:</u>	
Agent: _____	Agency: _____
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____
<u>Submitted By:</u>	
Agency: _____	
Agency Taxpayer ID or SS No.: _____	Agent License No.: _____
Address: _____	
City: _____	State: _____ Zip: _____



Clearance Procedures

The Clearance Procedures below should not be construed as exhaustive and they do not cover all situations that may arise in any particular circumstance or any particular Production.

1. **Applicant** and its counsel should monitor the Production at all stages, from inception through final cut, with a view to eliminating material that could give rise to a claim.

Consideration should be given to the likelihood of any claim or litigation. Is there a potential claimant portrayed in the Production who has sued before or is likely to sue again? Is there a close copyright or other legal issue? Is the subject matter of the Production such as to require difficult and extensive discovery in the event of necessity to defend? Are sources reliable? The above factors should be considered during all clearance procedures.

2. The Producer and the lawyer need to read the script prior to commencement of Production to eliminate matter that is defamatory, invades privacy or is otherwise potentially actionable.
3. A script research report should also be prepared *before* filming to alert the Producer to potential problems. Such problems may include: names of fictional characters that are coincidentally similar to real people; script references to real products, businesses or people if not cleared; or uses of copyrighted or other protected materials, etc. Fictional character names should be checked in relevant telephone directories, professional directories or other sources to minimize the risk of accidental identification of real people. Similar checks should be done for the names of businesses, organizations and products used in the Production. Special care should be taken to check names of person, businesses, etc., that are negatively portrayed. The Producer also must be alert to elements that do not appear in the script (such as art works used on the set) but that may need clearances.
4. If the Production is a documentary and there is no script, the Producer should provide its counsel with a detailed synopsis of the project in advance of production. (If it is a documentary series, the lawyer should receive a detailed synopsis of each episode.) If the Production will involve negative statements about people or businesses, the Producer should provide counsel with full details about the allegations and their merit. Problem statements can then be identified and thus avoided while filming. During filming, the Producer should be careful to avoid (or consult with counsel about) possible problem areas. (Examples include: filming identifiable copyrighted items or performances, trademarks, persons who have not specifically consented to be filmed, or minors.) Relevant laws differ from place to place: some jurisdictions have very restrictive rules about filming persons, signs, buildings, public art, etc. Also, be careful to avoid narration or editing that accidentally implies negative things about pictured people, products and businesses.
5. A copyright report on the underlying script, book or other work must be obtained, unless the work is an unpublished original, not based on any other work, and it is certain that it was not optioned or licensed to others prior to the **Applicant's** acquisition of rights. Both domestic and foreign copyrights and renewal rights should be checked. If a completed film is being acquired, a similar review should be made of copyright and renewals on any copyrighted underlying property.
6. The origins of the work should be ascertained — basic idea, sequence of events and characters. Have submissions of any similar properties been received by the **Applicant** or someone closely involved with the Production? If so, the circumstances as to why the submitting party may not claim theft or infringement should be described in detail.
7. Prior to final title selection, a title report must be obtained. **TITLE COVERAGE WILL NOT BE OFFERED UNLESS A RECENT TITLE REPORT HAS BEEN SUBMITTED TO AND APPROVED BY THE COMPANY.**



8. Whether the Production is fictional or factual, the names, faces and likenesses of any recognizable living persons should not be used unless written releases have been obtained. A release is unnecessary if a person is part of a crowd scene or shown in a fleeting background. Releases can only be dispensed with if the **Applicant** provides the Company with specific reasons, in writing, as to why such releases are unnecessary and such reasons are accepted by the Company. The term "living persons" includes thinly disguised versions of living persons or living persons who are readily identifiable because of identity of other characters or because of the factual, historical or geographic setting.
9. All releases must give the **Applicant** the rights to edit, modify, add to and/or delete material, juxtapose any part of the film with any other film, change the sequence of events or of any questions posed and/or answers given, fictionalize persons or events, and make any other changes in the film that the **Applicant** deems appropriate. If a minor, consent has to be legally binding.
10. If music (pre-existing or original) is used, the **Applicant** must obtain all necessary synchronization and performance licenses from copyright proprietors. All necessary licenses must also be obtained for recordings of such music.
11. Written agreements must exist between the **Applicant** and all creators, authors, writers, performers and any other persons providing material (including quotations from copyrighted works) or on-screen services.
12. If distinctive locations, buildings, businesses, personal property or products are filmed, written releases must be secured. This is not necessary if such real property is seen only as non-distinctive background.
13. If the Production involves actual events, it should be ascertained that the author's major sources are independent and primary (contemporaneous newspaper reports, court transcripts, interviews with witnesses, etc.) and not secondary (another author's copyrighted work, autobiographies, etc.).
14. Shooting script and rough-cuts should be checked to assure compliance with all of the above. During photography, persons might be photographed on location, dialogue added or other matter included that was not originally contemplated.
15. If the intent is to use the Production or its elements on videocassettes, web sites, multimedia formats or other technology, rights to manufacture, distribute and release the Production must include the above rights and must be obtained from all writers, directors, actors, musicians, composers and others necessary therefore, including proprietors of underlying materials.
16. Film/video clips are dangerous unless licenses and authorizations for the second use are obtained from the owner of the clip, as well as licenses from all persons rendering services in or supplying material contained in the clip; e.g., owners of underlying literary rights, writers, directors, actors, music owners or musicians. Special attention should be paid to music rights as music owners often take the position that new synchronization and performance licenses are required.
17. Living persons and even the deceased (through their personal representatives or heirs) may have a "right of publicity." Clearances must be obtained where necessary. Where the work is fictional in whole or in part, the names of all characters must be fictional. If for some special reason particular names need not be fictional, full details must be provided to the Company in an attachment to the Application.