



# FILM AND PROGRAM PRODUCTION SUPPLEMENTAL APPLICATION

**This supplemental application must be completed in full, including any attachments, all of which become part of the application.**

**Attach a separate sheet of paper if more space is needed to answer any question.**

**We treat all applications, including all materials submitted in connection therewith, as confidential.**

(1) Name of production(s) to be insured: \_\_\_\_\_

Synopsis: \_\_\_\_\_

If library, please attach a list of productions and synopsis of each production on a separate sheet of paper.

(2) Individual Production(s) are based on:

- |  |  |
|--|--|
| <input type="checkbox"/> Actual Facts or Events          | <input type="checkbox"/> Original Material             |
| <input type="checkbox"/> Book                            | <input type="checkbox"/> Screenplay                    |
| <input type="checkbox"/> Combination of Fact and Fiction | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Fiction                         |  |

(3) Production budget: \_\_\_\_\_

(4) Anticipated air date: \_\_\_\_\_

(5) Name of Distributor: \_\_\_\_\_

Terms of "rights period" in distribution agreement: \_\_\_\_\_

(6) Distribution Method (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Motion picture for theatrical release          | <input type="checkbox"/> Television series, number of episodes |
| <input type="checkbox"/> Motion picture for television/cable TV release | <input type="checkbox"/> Television "mini-series"              |
| <input type="checkbox"/> Motion picture "straight to video" release     | <input type="checkbox"/> Radio program                         |
| <input type="checkbox"/> Television pilot or special                    | <input type="checkbox"/> Theatrical stage presence             |
| <input type="checkbox"/> Television musical/variety/comedy              | <input type="checkbox"/> Theatrical state presentation         |
| <input type="checkbox"/> Television drama                               | <input type="checkbox"/> Other: _____                          |

(7) Please list all entities seeking additional insured status and explain their relationship to the project (use a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (8) Have all clearances been obtained, including but not limited to licenses and consents for all third party content, from the following:
- (a) copyright owners?  Yes  No
  - (b) music owners?  Yes  No
  - (c) performers or persons making appearances?  Yes  No
  - (d) creators?  Yes  No
  - (e) others? \_\_\_\_\_  Yes  No
- (9) If applicable, does the Applicant have the consent of any living or deceased person's estate or other appropriate party, to use the name or likeness of any such person in the production?  Yes  No
- (10) Has a title report (title search and opinion) been obtained for each of the productions listed above?  Yes  No
- If "Yes," please submit a copy of each title report.
- (11) Will there be any "colorization" of "black and white" productions?  Yes  No
- (12) Do you have any plans to distribute director's cuts or other modified versions of any of the productions listed above?  Yes  No
- If "Yes," please describe: \_\_\_\_\_
-