Legal Terms and Conditions

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Applications and all related information are provided for information only. Coverage may vary according to state law requirements and may not be available in some states.

If you are a licensed insurance agent or broker, please send your submissions to our Underwriting Department at:

Domestic Office

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RADIO, TELEVISION AND FILM PRODUCER LIABILITY COVERAGE

Application for Insurance

Submission of a completed application incurs no obligation to purchase or bind insurance.

Note: All questions must be answered. All requested attachments must accompany application.

1. Name of Proposed Insured (as it should be stated on your policy if issued):

2. List other subsidiaries, affiliates and trade names to be included for insurance:

3. Principal Street Address, City, State, Zip Code:

4. Telephone:
( )

5. ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual

6. Date purchased by present owner: _____

7. Estimated assets: $_____

8. Title of production to be insured:

Based on: ☐ Book ☐ Screenplay ☐ Original Material ☐ Other (Explain)

9. Anticipated air date: _____

10. Estimated gross receipts derived from the program: $ _____

11. A. Form of production: check appropriate description

- ☐ Motion picture for theatrical release
- ☐ Motion picture for television release
- ☐ Motion picture for cable TV release
- ☐ Television pilot or special
- ☐ Television musical/variety/comedy
- ☐ Television drama
- ☐ Television series
  Number of episodes : _____
- ☐ Television "mini-series"
- ☐ Television docudrama
- ☐ Radio program
  Number of programs each week: _____
  Number of weeks: _____
- ☐ Theatrical stage presentation
- ☐ Other (describe) _____

B. Source or production:

- ☐ Entirely fictional
- ☐ Based on actual facts or events
- ☐ Combination fact and fiction
- ☐ Based on another work. If so, please specify.
- ☐ Other (fully describe) _____

C. Program or running time of production: _____

D. Intended territory or distribution of production: _____

12. Will there be any merchandising related to the production? ☐ Yes ☐ No

If yes and coverage is desired for this activity, please submit the following for review:

1) Anticipated gross annual revenues from merchandising.
2) Copies of contracts or license agreements with any distributors, suppliers, etc.
3) Brief description of the merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

13. Name of Producer: _____
Name of Executive Producer: _____
Name of Author or Writers: _____

14. Procedure:

A. Have all licenses and consents been obtained?	Yes	No
1. From copyright owners?	☐	☐
2. From music owners?	☐	☐
3. From performers or persons appearing in the film?	☐	☐
4. From writers and/or others?	☐	☐

B. Have musical rights been obtained?	Yes	No
1. Recording and synchronization rights?	☐	☐
2. Performing rights?	☐	☐

14. Procedure: (Continued)

C. Is the name or likeness of any living person used or is any living person portrayed (with or without use of name or likeness in the production?

☐ Yes ☐ No If yes, explain:

D. Will any previously made video or film clips be used in this production? ☐ Yes ☐ No
If yes, have all necessary licenses and consents been obtained? ☐ Yes ☐ No

If no, explain:

E. Has a title report (title search and opinion) been obtained on each of the productions listed in question #8 above? ☐ Yes ☐ No

If yes, please submit a copy of each title report for the Company's review.

Please note that claims arising from the title of any scheduled production are not covered unless a title report is submitted to and approved by the Company and coverage is endorsed to the policy.

15. Name and address of law firm consulted with respect to media law issues, including content review, editorial procedures and complaint handling: _____

Years of experience in media law: _____

16. Has any actual or threatened claim or suit been made against the applicant, or any predecessor, subsidiary or affiliate thereof in the last five years for libel, slander or other forms of defamation; invasion or infringement of the right of privacy or publicity; infringement of copyright, title, slogan, trademark, trade name, trade dress, service mark or service name; unfair competition; plagiarism, piracy or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter distributed, broadcast, telecast, cablecast, syndicated, produced, exhibited or advertised?

☐ Yes ☐ No If yes, provide complete details. Include type of claim, gist of offending matter, name of claimant, amount of defense costs, judgment or settlement, and final disposition of the claim.

17. During the past three years, has any similar insurance been issued to the applicant?

☐ Yes ☐ No If yes, complete the following:

Company	Policy No.	Limits	Deductible	Coverage Dates	Premium

18. Has any insurer declined, cancelled, or refused to renew any similar insurance issued to the applicant firm? (Not applicable in Missouri.)

☐ Yes ☐ No If yes, give details. Add attachment if needed.

19. Policy limit required: $_____

20. Self-insured retention: $_____

Note: all policies include a self-insured retention applying to the cost of defense, judgments and settlements, or any combination thereof.

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 IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____ (please type or print)

Name _____ (signature of authorized representative)

Title _____

Date _____

To complete your application, please submit:

- List previous production works
- Current financial statement or annual report
- Copies of standard contracts with authors, distributors, advertisers, actors, employees, etc.
- Sample tape (preferably VHS or 3/4" tape) or copy of script
- Experience resume
- Copy of title report (title search and opinion)
- Description of procedure for checking for accuracy, infringements, etc.
- Description of procedure for processing unsolicited ideas, scripts, screenplays, etc.

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We Insure Free Speech Worldwide®

Agent or Broker:

Address, Zip Code:

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