PRODUCER ERRORS & OMISSIONS APPLICATION

Please do not print this form. Simply fill in the blanks, save and submit/email to insurance@filmemporium.com.

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Insured name: |       |
| Entity Type: | [ ]  LLC [ ]  LLP [ ]  Corp. [ ]  Individual [ ]  Non-Profit  |
| Primary Address:(No PO Boxes) |       |
| City: |       | State:  |        | Zip code:  |       |
| Mailing Address(If different from primary): |       |
| City: |       | State:  |        | Zip code:  |       |
| Contact name: |       |
| Phone #: |       | Alternate phone #: |       | Fax #: |       |
| E-mail address: |       |
| Website: |       |
| \*Policies with workers' compensation included will require the entity's or principle's tax ID number to be given to the broker at the time of purchasing the policy. |
| Description of business operations: |       |
| Producer’s or EP’s name: |       | Phone: | Email: |

1. **PRODUCTION DETAILS**

|  |  |
| --- | --- |
| Desired term of policy: | [ ]  one year [ ]  two years [ ]  three years |
| Desired policy limit: | Each loss: **$** Aggregate: $ Desired retention: $ |
| Production Title: |  |
| Production Type: |  |
| If Music Video, please indicate artist’s name: |  | Music genre: |  |
| If TV Series, provide number of episodes: |  | Length of each: |  |
| Total Production Budget: | **$** |
| Total Production Revenues: | **$** |
| Name of script writer(s): |  |
| Name of the producer/executive producer: |  |
| Is the production: |
| a. Entirely original to you? | [ ]  Yes [ ]  No |
| b. Based on another work (Published or unpublished)? | [ ]  Yes [ ]  No |
| If the answer to b. is Yes, please advise the name of the author(s) and the title(s) and date(s) of the publication of the work upon which the production is based: |  |
| The production is: |
| [ ]  For full theatrical release | [ ]  Film for limited theatrical release (ten or less theater/art houses in the US) | [ ]  Direct to DVD/Video |
| [ ]  Film for television release | [ ]  Television series | [ ]  Television pilot/special |
| [ ]  Documentary | [ ]  Commercials, industrial or educational | [ ]  Music videos |
| [ ]  Webisodes | [ ]  Theatrical stage production | [ ]  Radio Series |
| If the production is for DVD release: |
| a. Will additional bonus material be included on the DVD? | [ ]  Yes [ ]  No |
| b. If Yes, will the bonus material go through the same clearance procedures as the rest of the production? | [ ]  Yes [ ]  No |
| Is the production: |
| a. Entirely fictional? | [ ]  Yes [ ]  No |
| b. Fictional, but inspired by specific events and/or occurrences and/or characters? | [ ]  Yes [ ]  No |
| c. A dramatic portrayal of actual facts that includes fictionalization? | [ ]  Yes [ ]  No |
| Please provide a brief description of the storyline (including time frame and setting) |  |
| If the production is a “series”, please advise the number of episodes: |  |
| Running time of production (hr/min per episode): |  |
| Distributor of the production: |  |
| Date of contract:  | Territory of distribution:  | Term of insurance required by contract: |
| Estimated date of first release or air date? |  |

1. **CLEARANCE PROCEDURES**

|  |  |
| --- | --- |
| Is the name or likeness of any living person used in the production? | [ ]  Yes [ ]  No |
| If Yes, will all necessary rights be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
| Is the name or likeness of any deceased person used in the production? | [ ]  Yes [ ]  No |
| If Yes, will all necessary rights be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
| Have you obtained a title report from a recognized agency? | [ ]  Yes [ ]  No |
| If Yes, please attach a copy of the report. |
| If your project is not entirely original, have copyright reports been obtained? | [ ]  Yes [ ]  No |
| Are there any ambiguities, gaps or problems in the chain of title? | [ ]  Yes [ ]  No |
| Has the chain of title of all works on which the production is based been thoroughly investigated and cleared back to the original copyright owners to determine that all grants or transfers in the chain of title permit you to assign or sublicense the material as incorporated in your production? | [ ]  Yes [ ]  No |
| a. If the production is based upon an original format, are you aware of any similar format or concept? | [ ]  Yes [ ]  No |
| b. Has any similar format or similar material been submitted to you at any time? | [ ]  Yes [ ]  No |
|  If Yes, to a. or b., has your attorney confirmed that they are satisfied you can safely proceed with your exploitation of the work? | [ ]  Yes [ ]  No |
|  If No, please explain: |  |
| a. Have you obtained, from all writers and other content providers to the production, written warranties that the content with which they provide you does not infringe the rights of any third party and have you obtained any indemnity for any breach of the warranty? | [ ]  Yes [ ]  No |
| b. Have you obtained a written agreement from all performers or persons appearing in your production consenting to their appearance? | [ ]  Yes [ ]  No |
| If No to a. or b. above, will warranties and agreements be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
| Will any film clips, TV clips or photographs be used in this production? | [ ]  Yes [ ]  No |
|  If Yes: |
|  a. Have all licenses and consents been obtained from the copyright owner without restriction and are you authorized to assign r sublicense the licensed materials as incorporated in your production? | [ ]  Yes [ ]  No |
|  b. Do you have the authorization or any person or entity depicted in the film clip, TV clip or photograph to use their depiction in your production and to assign or sublicense that depiction in your production? | [ ]  Yes [ ]  No |
|  If No, to a. or b. above, will all licenses and consents be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
|  If No, please give details: |  |
| If the production is a documentary, are you relying on the Fair Use Doctrine? | [ ]  Yes [ ]  No |
| If Yes, please attach a copy of an opinion letter from your clearance attorney that states they have reviewed the final production and the use of clips. |
| Have the following musical rights been obtained from the composer and/or performers of specially commissioned music and/or cleared with the owners of pre-existing music and/or recordings: |
|  a. Recording and synchronization? | [ ]  Yes [ ]  No |
|  b. Performing rights? | [ ]  Yes [ ]  No |
|  c. Right to distribute for all forms of distribution contemplated (home video, etc.)? | [ ]  Yes [ ]  No |
| If No to a., b., or c. above, will all musical rights and/or all clearances be obtained prior to the first airing, distribution or public display of the production? | [ ]  Yes [ ]  No |
| Has original music been commissioned for the production(s)? | [ ]  Yes [ ]  No |
|  If yes, has a warranty of originality and an indemnity against third party claims been obtained from the composer? | [ ]  Yes [ ]  No |
|  If no, will a warranty of originality and indemnity against third party claims be obtained from the composer prior to the first airing distribution or public display of the production? | [ ]  Yes [ ]  No |
| Have you or any of your agents been unable to obtain or been refused an agreement or release after having: |
|  a. Negotiated for any rights in literary, musical or other materials? | [ ]  Yes [ ]  No |
|  b. Negotiated for release from any persons in respect of any material incorporated in the production? | [ ]  Yes [ ]  No |
|  If Yes, please explain: |  |

1. **ATTORNEY USED FOR CLEARENCES**

|  |  |
| --- | --- |
| Name of your attorney (individual’s name): |  |
| Firm Name: |  |
| Firm Address: |  |
| Telephone: | Fax: | Email: |
| **MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION** |
| Has any insurer declined, cancelled or refused to renew any similar insurance issued to you? | [ ]  Yes [ ]  No |
| If Yes, please provide full details: |  |

1. **CLAIMS REPRESENTATION**

|  |  |
| --- | --- |
| In the past ten (10) years have you suffered from any loss or has any claim, whether successful or not, even been made against you that would be covered by this insurance? | [ ]  Yes [ ]  No |
| If Yes, please attach details including the date of each claim or loss, the amount of the claim and any remedial action taken. |
|  |
| Are you aware of any problem that is likely to lead to suffering a loss or claim being made against you that would be covered by this insurance? | [ ]  Yes [ ]  No |
| If Yes, please attach details of each problem. |
|  |

1. **SUPPLEMENTAL INFORMATION:**

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| --- |
| Please attach the following additional information: |
| * Video/DVD copy of the production or copy of script if production is not complete
* Title and Trademark Reports
* Experience resume of Producer and Executive Producer (if less than three years experience)
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|  |
| --- |
| Terms and Conditions |
| **Please carefully review the Terms and Conditions below:** * I represent that this application form has been completed after proper inquiry and, based on this inquiry, I represent the application contents are true, accurate, and not misleading.
* I represent that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify the insurance company of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then the insurance company is entitled to rescind any policy issued pursuant to this application.
* Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. Please click the link below for individual state notices.
* I represent that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by the insurance company pursuant to this application.
* I represent that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.
* A quotation received is not binding on the Insurer in any way.
* By clicking 'Submit Application' you are *not* agreeing to purchase coverage.  If terms can be offered you will receive a free, no-obligation insurance quotation via email. All quotes require underwriter’s approval and payment prior to binding. Please read all exclusions indicated on the quotation.
* Please note that once coverage is bound, the policy cannot be cancelled.
* The insurance quotation will be based solely on the coverages and limits selected on this application.
* Please ask your Film Emporium, Inc. representative to further explain coverage details, exclusions (including stunts and/or other hazardous activities), limits or other provisions of any insurance policy, or to request a sample policy form.

**By submitting this application you indicate that you have read and accepted the Terms and Conditions above.** |

State Notifications:

**ALASKA:** A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**ARKANSAS:** 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 may be guilty of a crime and 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 claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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 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 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.

**DELAWARE**: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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, any 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 false statement of claim or an application) containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**HAWAII:**For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punish able by fines, imprisonment or both.

**IDAHO:** Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

**INDIANA:**A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**KENTUCKY:**Any person who knowingly and with the intent to defraud an 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.

**LOUISIANA, MAINE AND TENNESSEE:** Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

**MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEBRASKA**: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**NEVADA:**Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**NEW HAMPSHIRE:**Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**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.

**NEW MEXICO:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NEW YORK:**Any persons who knowingly and with the 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.

**OHIO:**Any person who, with the 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 the 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.

**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 the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**UTAH:**For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

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

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

**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.

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| --- | --- | --- |
|       |  |       |
| Signature (Please type first and last name.) |  |  | Date (mm/dd/yyyy) |
|       |  |  |
| Title |  |

NY License # BR-1001302
CA License   # 0I36156 dba in CA as New York

Film Emporium Insurance Services

**Film Emporium**

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