



Take1
INSURANCE

A DIVISION OF
INNOVATION GROWTH
PARTNERS SPECIALTY, LLC

APPLICATION

D.I.C.E. Supplemental

(Documentary Industrial Commercial Educational)

MANAGED BY:

SCOTT CARROLL, DIRECTOR OF TAKE1

1551 N. TUSTIN AVE., SUITE 430 SANTA ANA, CA 92705

PHONE: (800)856-7035

scott@take1insurance.com

CA License #0F82757



D.I.C.E. Supplemental

1. Applicant's Name:
2. Mailing Address:

City, State, Zip Code:

Premises Address:

Telephone: _____ Fax: _____

3. Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Please Explain: _____

4. Owner's Name & Title: _____ Audit Contact: _____
Insurance Coordinator: _____ Accountant: _____

5. Applicant's Experience in the business: _____
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6. Type of Productions and Percentage of Activity: Music Videos _____ % 2nd Unit Filming _____ % Industrials _____ % Documentaries _____ % Commercials _____ % CD-ROM/DVD _____ % Computer Effects _____ % Travel Logs _____ % Exercise Videos _____ % Animation _____ % Infomercials _____ %
Documentaries/Infomercials, please describe in detail: _____

7. Name three of your major clients or your last three clients: _____

8. Estimate Annual Gross Production Costs: \$ _____
List any Expenses or Producer Fees you wish to exclude: _____

Percentage of Overhead not directly related to the productions to be included: _____ %
Maximum cost any one production: _____
Average daily production costs: _____

9. Do you distribute any of the items in question number six? If yes, please describe and provide annual receipts: _____

Do you distribute any products? If yes, please describe and provide annual receipts: _____

(Attach a copy of the contract)

10. Percentage of productions outside country of origin: _____ %
List Countries: _____
Exchange Rate to be declared: _____ per \$1.00 / Country: _____

11. Percentage of Location Filming: _____ % Percentage of Studio Filming: _____ %

12. Maximum length of time from start to the production print of a production: _____

13. Negative / Faulty Coverage:
Percentage of productions on: Film: 35mm _____ % 16mm _____ % 60mm _____ %
70mm _____ % Video _____ % Disc _____ % CD-ROM/DVD _____ % 3-D _____ %
Will you be using any specialized computer programs to create any images or effects? If so,
please explain and give the name of the software and provide values: _____

Name and address of the lab/studio performing the effects: _____

Name and address of processing/post laboratory: _____

14. Do you rent property to others? Yes _____ No _____ If yes, please provide a copy of your rental contract. Annual rental receipts: \$ _____

15. Do you perform or set up multi-media events? If yes, please describe: _____

Estimated Costs: _____

16. Do you own any property? Yes ____ No ____ If yes, please provide total value:
 \$ _____
 (If in excess of \$250,000 please attach an Acord Property application)

17. Please complete and attach Liability, Non-Owned & Hired Auto and Workers Compensation Acord applications with this form.
 Vehicle Cost of Hire: \$ _____
 Provide the name and phone number of your payroll service, if applicable: _____

 Do you require a certificate of insurance from independent contractors and what are your requirements? _____

18. Has any form of insurance ever been cancelled or declined? Yes ____ No ____
 If yes, please explain: _____

19. Previous insurer and policy number: _____

20. Previous loss experience for the past three years (Attached company loss runs):

21. Desired Effective Date: _____ Expiration Date: _____

22. Stunts, Hazards, and Special Effects:
 Please indicate if any of your productions involve any of the following activities:
 Use of Watercraft Under Water Filming Filming Near or on Water
 Use of Aircraft/Helicopters/Balloons Use of Trains/Railroads
 Use of Animals Use of Pyrotechnics Expensive Antiques/Autos
 Auto Chase Scenes Auto Crash Scenes Other Dangerous Auto Scenes
 Filming above 50 feet Underground Filming Other Stunts/Hazard

If any of the above items apply, please provide the following information:

A. Description of the scene and story boards
 B. Details on where and how the scene will be performed
 C. Details of all safety features put in place to protect people and property
 D. Name and phone number of the stunt or special effects coordinator
 E. Additional questions may be asked later.

COVERAGE	LIMIT OF LIABILITY	DEDUCTIBLE
Props, Sets and Wardrobe	\$ _____	\$ _____
Fine Arts, Jewelry, etc.	\$ _____	
Extra Expense	\$ _____	\$ _____
Third Party Property Damage	\$ _____	\$ _____
Miscellaneous Equipment		
<i>Rented</i>	\$ _____	\$ _____
<i>Owned</i>	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____
Hired Auto Physical Damage Included		\$ _____ Min. \$ _____ Max.
Electronic Data Processing		
<i>Hardware</i>	Included	\$ _____
<i>Software</i>	\$ _____	
<i>Extra Expense</i>	\$ _____	
Money & Currency	\$ _____	\$ _____
Negative Film/Videotape	\$ _____	\$ _____ Min. \$ _____ Max.
Faulty Stock & Processing	\$ _____	\$ _____ Min. \$ _____ Max.
Other	\$ _____ \$ _____	\$ _____ \$ _____

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Date _____ Applicant's Signature _____
Name _____
Position _____

Agent/Broker: _____
Address: _____

Phone: _____ Fax: _____