

OneBeacon PROFESSIONAL INSURANCE®	800.753.7545 t 913.384.4822 f 6800 College Blvd. Suite 350 Overland Park, Kansas 66211	onebeaconpro.com
	Atlantic Specialty Insurance Company (Stock company owned by the OneBeacon Insurance Group) (hereinafter referred to as the "Underwriter")	
Application New Business	PRODUCER AND ENTERTAINMENT ADVANTAGE INSURANCE	

DEFENSE COSTS ARE PART OF AND NOT IN ADDITION TO THE LIMITS OF LIABILITY OF THE POLICY FOR WHICH THIS APPLICATION APPLIES. DEFENSE COSTS WILL ERODE AND MAY EXHAUST THE LIMIT OF LIABILITY. DEFENSE COSTS AND LOSS SHALL BE APPLIED AGAINST THE RETENTION. THE UNDERWRITER WILL HAVE NO OBLIGATION TO PAY JUDGMENTS, SETTLEMENTS OR DEFENSE COSTS ONCE THE APPLICABLE LIMIT OF LIABILITY IS EXHAUSTED BY DEFENSE COSTS OR LOSS. PLEASE READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

Whenever used in this Application, the term "Applicant" shall mean the organization identified in response to question 1 of section A. Account Information.

A. ACCOUNT INFORMATION	
1. Applicant Name	
Doing Business As	
Federal Employee I.D. # (FEIN)	
Principle State of Operations	
2. Mailing Address	Street:
	City: State: Zip:
	County: Website Address:
3. Risk Manager or Contact Person	Name/Title:
	Email Address:
	Telephone Number:
4. Applicant's Legal Structure	☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC ☐ Other (describe): _____
5. List all states where the Applicant is operating and providing services:	

6. Within the past eighteen (18) months or within the next twelve (12) months, has the Applicant or does the Applicant expect to:

a. merge, acquire or consolidate with another entity?

☐ Yes ☐ No

b. sell or divest another entity or facility?

☐ Yes ☐ No

c. discontinue any operations or services?

☐ Yes ☐ No

d. enter into any new business activities or services
(including new procedures or products being offered)?

☐ Yes ☐ No

If "Yes," please attach a supplemental sheet which describes the essential terms of each transaction. For each transaction, please be sure to include the name of the entity, date of transaction and indicate if liabilities were assumed.

7. List below all entities, subsidiaries, joint ventures, etc. requested to be included for coverage under the proposed insurance including a description of operations, relationship to the Applicant, date acquired, and ownership.

Name: _____

Address: _____

Description of Operations	Relationship to Applicant	Date Acquired	Ownership %

Name: _____

Address: _____

Description of Operations	Relationship to Applicant	Date Acquired	Ownership %

Name: _____

Address: _____

Description of Operations	Relationship to Applicant	Date Acquired	Ownership %

(Please note that coverage for these entities is not automatically included. The policy, if issued, will determine coverage.)

8. Does the Applicant own, operate or manage any business or facilities other than the operations described in this Application?

☐ Yes ☐ No

If "Yes," please provide details, including name of entity and the Applicant's ownership interest/management role:

B. CURRENT AND REQUESTED COVERAGE

Please note that requested coverage is not automatically provided. The policy, if issued, will determine actual coverage.

9. Please indicate below what coverage, limits and retentions are being requested:

Coverage Requested	Check if the Applicant Currently Purchases	Limit of Liability Requested	Retention Requested
☐ Film producer	☐	\$ _____	\$ _____
☐ Post production producer	☐		
☐ Acquisition and development	☐		
☐ Film distributor	☐	\$ _____	\$ _____
☐ Film library	☐		
☐ Other (describe):	☐	\$ _____	\$ _____

10. Please provide current insurance information:
(If additional space is required, please attach a separate sheet to this Application)

Insurance carrier: _____

Limit of Liability	Retention	Policy Period MM/DD/YYYY – MM/DD/YYYY	Retroactive Date	Premium

Insurance carrier: _____

Limit of Liability	Retention	Policy Period MM/DD/YYYY – MM/DD/YYYY	Retroactive Date	Premium

C. FINANCIAL AND EXPOSURE DETAILS

11. Please complete the following financial information:

	Revenue Current 12 Months	Revenue Projected Next 12 Months
a. Annual Revenue (not including foreign revenue)	\$	\$
b. Foreign Revenue	\$	\$
Total	\$	\$

FILM AND PROGRAM PRODUCER'S INFORMATION

12. Please complete the following information:

Indicate the requested term of policy coverage:	☐ 1 Year ☐ 2 Years ☐ 3 Years
Production title	
Name of Producer	
Name of Author, Writer or Playwright	
Estimated production budget	
Approximate dates for first air date or release	
Running time of the production	
Has the title of the production been cleared?	☐ Yes ☐ No
A description of the production	

13. Is the Applicant set up as an individual entity for this project only?

☐ Yes ☐ No

If "Yes," please provide parent company name and Address:

14. Is the production:

☐ entirely fictional? ☐ a true portrayal of real events or circumstances including some fictionalization?

☐ a true portrayal of real events or circumstances? ☐ entirely fictional but inspired by real events or circumstances?

15. Have distribution rights been granted to a third party?

☐ Yes ☐ No

If "Yes," please complete the following information:

a. Name of Distributor:

b. Terms of "rights period" in distribution agreement:

c. Geographic distribution area of production:

- ☐ Community ☐ Small city ☐ Large city ☐ Statewide
☐ Regional ☐ National ☐ International ☐ Internet

16. Type of production:

- ☐ Motion picture for full theatrical release ☐ Motion picture for limited theatrical release (10 theaters or less/art houses)
☐ Television movie of the week ☐ Film Festivals ☐ Episodic TV Series (include number of original episodes) _____
☐ TV special ☐ Non-airing TV pilot ☐ Radio program (include number of original episodes per week) _____
☐ Direct to DVD ☐ Webisodes (include number) _____ ☐ Theatrical stage presentation
☐ Industrial, educational or commercials for others
☐ Live Event (please describe):
☐ Other (describe):

17. Genre of production:

- | | | | | |
|--|---|---|--|--------------------------------------|
| ☐ Animated | ☐ Children's show | ☐ Comedy | ☐ Commentary /forum | ☐ Commercials |
| ☐ Documentary | ☐ Drama | ☐ Educational/Industrial | ☐ Game or quiz show | ☐ "How to" |
| ☐ Investigative | ☐ Music videos | ☐ Previously released film | ☐ Variety | ☐ Sports |
| ☐ Unscripted TV program | ☐ Reality competition show | ☐ Webisodes | ☐ Other (describe): | |

FILM AND PROGRAM PRODUCER ACQUISITION AND DEVELOPMENT

18. Annual revenues from acquisition and development activities: _____

19. Average budget of productions acquired or developed: _____

20. Have all necessary rights been acquired?

☐ Yes ☐ No

21. Please provide a description of production(s) by type (reality, documentary, TV series, etc.)

Production Type	Description

22. What is the number of productions to be produced? _____

23. What is the anticipated distribution venue? (television, stage, motion picture, etc.):

24. What is the geographic distribution of the programs?

25. What is the policy and procedure with regard to submission of unsolicited materials?

26. Does the Applicant utilize outside writers, producers, musicians, etc.?

☐ Yes ☐ No

POST PRODUCTION

27. Year established: _____

28. Please specify the types of services or content and the percentage provided by the Applicant: (must equal 100%)

Films/programs distributed	Percentage	Films/programs distributed	Percentage
Animation		Digitalization	
Artwork		Editing	
Background		Music	
Character creation		Voiceovers	
Colorization of black and white productions		Other (describe):	

29. Does the Applicant provide celebrity sound-alike voiceovers?

☐ Yes ☐ No

If "Yes," is written permission obtained from the celebrity?

☐ Yes ☐ No

30. Please list the Applicant's five largest clients:

FILM AND PROGRAM DISTRIBUTOR'S INFORMATION

31. Year established: _____

32. Number of titles currently available for distribution: _____

33. Please specify the types of films/programs and the percentage distributed: (must equal 100%)

Films/programs distributed	Percentage	Films/programs distributed	Percentage
Comedy		Documentary	
Drama		Sports	
Game shows		Horror/suspense	
Children's		Romance	
Other (describe):		Adult/pornographic	

34. Has the Applicant produced any of the films being distributed? ☐ Yes ☐ No

If "Yes," what percentage of the films distributed have been produced by the Applicant? _____

35. Have all titles been released? ☐ Yes ☐ No

If "Yes," were all necessary rights procured? ☐ Yes ☐ No

36. What percentage of films is produced by foreign producers? _____%

37. Does the film producer hold harmless and indemnify the Applicant? ☐ Yes ☐ No

38. Does the Applicant require proof of production liability insurance from the producer? ☐ Yes ☐ No

D. OPERATIONS AND ADMINISTRATION

FILM AND PROGRAM PRODUCERS

39. Have all licenses, releases and/or consents been obtained from all performers, artists, musicians etc., relative to the scheduled production? ☐ Yes ☐ No

If "No," please provide details as to why such agreements have not been obtained:

40. Is the production an expose or investigative work? ☐ Yes ☐ No

If "Yes," please provide details around the method for documenting information:

41. Is the production based upon an unauthorized biography? ☐ Yes ☐ No

42. Is the name or likeness of any living or deceased person used in the production? ☐ Yes ☐ No

If "Yes," have all consents been obtained? ☐ Yes ☐ No

43. Will any film, video or news clips, photographs, recording or syndication, written matter, computer graphics or animation that is unoriginal to the scheduled publication be used in the production?

If "Yes," describe and advise if all requisite licenses have been procured:

☐ Yes ☐ No

If "No," describe why such agreements have not been obtained:

44. Have musical rights been cleared from:

a. recording and synchronization rights?

☐ Yes ☐ No

b. performing rights?

☐ Yes ☐ No

c. right to distribute for all forms contemplated (DVD, internet, television, etc.)?

☐ Yes ☐ No

If "No," to any of the above, will these rights be procured prior to the first airing, distribution or release of the production?

☐ Yes ☐ No

45. Has any original music been commissioned for the production?

☐ Yes ☐ No

If "Yes," is there a warranty of originality and indemnity against third party claims?

☐ Yes ☐ No

46. Will there be any colorization of black and white productions?

☐ Yes ☐ No

47. Have any rights in the scheduled production been licensed to a third party?

☐ Yes ☐ No

If "Yes," please describe:

MERCHANDISING

48. Will any merchandise (e.g. dolls, apparel, toys, etc.) be generated from the scheduled production?

☐ Yes ☐ No

If "Yes,":

a. describe all such merchandise:

b. have all requisite consents and licenses been procured?

☐ Yes ☐ No

c. what is the anticipated revenue from merchandising activities? _____

d. have all necessary rights been acquired to create and distribute merchandise?

☐ Yes ☐ No

e. are procedures in place and followed for trademark or other appropriate searches prior to merchandising characters or other matter?

☐ Yes ☐ No

f. is merchandise being designed and/or produced by the Applicant?

☐ Yes ☐ No

g. is merchandise being designed and/or produced by licensees?

☐ Yes ☐ No

h. do licensing agreements provide indemnification wording and warranties favoring the Applicant and warrant that any licensee's contributions to the design, production and marketing of the merchandise are not infringing on the rights of others?

☐ Yes ☐ No

CLEARANCE AND LOSS PREVENTION PROCEDURES

49. Is counsel consulted regarding complaints, editorial procedures, retraction requests, newsgathering or other sensitive issues? ☐ Yes ☐ No

50. Does counsel review the content of scheduled media? ☐ Yes ☐ No

51. Is counsel consulted regarding intellectual property issues? ☐ Yes ☐ No

52. Is counsel on retainer? ☐ Yes ☐ No

53. Please provide the following information:

a. Name of media counsel:

Address:

b. Name of in-house counsel:

Address:

E. CLAIMS/PRIOR KNOWLEDGE

54. During the past five (5) years, has any claim that may fall within the scope of the proposed Insurance been made against the Applicant or against any entity or individual proposed for coverage under this insurance? ☐ Yes ☐ No

If "Yes," please provide the following information for all such claims as an attachment to this Application: dates of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open), and claim status (open/closed).

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 54 IS EXCLUDED FROM THE PROPOSED INSURANCE.

55. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim or loss that may fall within the scope of the proposed insurance? ☐ Yes ☐ No

If "Yes," please attach details to this Application.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 55 IS EXCLUDED FROM THE PROPOSED INSURANCE.

F. ATTACHMENTS

Please attach copies of the following documents for the Applicant and all Subsidiaries seeking coverage.

- Current financial statement
- Resumes of key individuals with list of prior productions
- DVD or script of production
- Copy of distribution agreement used
- Description of clearance procedures for minimizing exposure to intellectual property claims
- If production has been reviewed by counsel, an opinion letter
- If Applicant is a distributor, a current list of productions being distributed

G. FRAUD WARNINGS

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, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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

ARKANSAS, MINNESOTA, 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 or deceptive statement is guilty of insurance fraud, which is a crime.

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.

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.

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.

KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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, NEW MEXICO 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 civil fines and criminal penalties.

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.

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.

OKLAHOMA APPLICANTS: WARNING: Any person who knowingly and with 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 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.

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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

H. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida and New Hampshire Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the Applicant or the Underwriter to complete the insurance or issue a policy.

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

If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. For Maine Applicants, the preceding sentence is replaced with the following sentence: If the information in this Application materially changes prior to the effective date of the policy, the Applicant must notify the Underwriter immediately and the Underwriter may modify any quotation.

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.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	
NOTE: THIS APPLICATION MUST BE SIGNED BY A PARTNER, PRINCIPAL, DIRECTOR OR OFFICER OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.	

Produced By (Insurance Agent)	
Insurance Agency	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street:
	City: State: Zip:
Email Address	

Submitted By (Insurance Agency)	
Insurance Agency Taxpayer ID	
Agent License No. or Surplus Lines No.	
Address	Street:
	City: State: Zip: