

Foreign Production Package Application

About This Program

This application is used to insure a single production taking place overseas with any sized budget and up to 12 months in duration.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

Applicant Information



Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Underwriting Qualification Questions

Are there any planned activities involving any of the following special hazards? Stunts, Pyrotechnics, Use of Aircraft, Interaction with Wild Animals, Operation or Control of Aircraft.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be any filming whereby you will have control over use of public roadways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any bankruptcies in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Foreign Production Package Application

Productions Details

Production Name	
Type of Production	
Gross Production Cost	
Production Start/End Dates (up to 12 months)	From: / / To: / /
Number of Episodes (if applicable)	
Length of Episode	<input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> 90 minutes <input type="checkbox"/> 120 minutes
Where will Production Take Place	
Country	
State / Province	
Shooting Location	
Synopsis	

Music Videos Only

Type of Music	
Music Decade	<input type="checkbox"/> Prior to 50's <input type="checkbox"/> 50's <input type="checkbox"/> 60's <input type="checkbox"/> 70's <input type="checkbox"/> 80's <input type="checkbox"/> 90's <input type="checkbox"/> 2000 and beyond
Artist's Name	

Key Personnel

Enter the key personnel (executive producer, producer, director, etc.)
At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

Foreign Production Package Application

Coverages

Dates of Coverage (up to 1 year)

Effective: / / Expiration: / /

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *	<input type="checkbox"/> 1m / 2m <input type="checkbox"/> 2m / 2m <input type="checkbox"/> 3m / 3m <input type="checkbox"/> 4m / 4m <input type="checkbox"/> 5m / 5m	n/a
Blanket Additional Insureds/Certificates of insurance	Included	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Contingent Automobile

Hired & Non-Owned Auto Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m	n/a
Hired & Non-Owned Auto Physical Damage (per accident/aggregate limit)	<input type="checkbox"/> Exclude <input type="checkbox"/> 25k / 25k	n/a

Workers Compensation

Benefits for Voluntary Compensation – North Americans	<input type="checkbox"/> Exclude <input type="checkbox"/> 1m <input type="checkbox"/> 2m <input type="checkbox"/> 3m <input type="checkbox"/> 4m <input type="checkbox"/> 5m	n/a
Number of Employees from US and/or Canada		n/a
Maximum Number of Employees per Flight	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	n/a

Equipment Floater

Unscheduled Owned Equipment	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	Varies based on limit selected.
Rented Equipment, Props, Sets & Wardrobe	<input type="checkbox"/> Exclude <input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	Varies based on limit selected.
Negative Film/Faulty Stock (limit equals your budget, up to \$25,000)	<input type="checkbox"/> 25,000	2,500

Travel Accident

Guild Members	<input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a
Non-Guild Members	<input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000	n/a
Aggregate Limit	<input type="checkbox"/> 5,000,000 <input type="checkbox"/> 10,000,000	n/a

Volunteer Accident

Aggregate Limit of Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> 250,000	n/a
------------------------------	---	-----

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

American Insurance Specialists

PO Box 6230 Scottsdale, AZ 85261
 www.AmRiskUSA.com
 480.666.5520 underwriting@Amriskusa.com

