

Hammond  
Martin  
Walsh &  
Smith



Insurance  
Brokers

2023

**Producers Package Application - DICE**

1. Individual Name: \_\_\_\_\_
2. Company Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Premises Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Cell # \_\_\_\_\_ Email: \_\_\_\_\_ Web Address: \_\_\_\_\_
5. Applicant is:      Individual      Partnership      Corporation      Other  
Please explain: \_\_\_\_\_
6. Owners Name & Title: \_\_\_\_\_ Audit Contact: \_\_\_\_\_  
Insurance Contact: \_\_\_\_\_ Accountant: \_\_\_\_\_
7. Years Experience in the Business: \_\_\_\_\_ Year Business Started: \_\_\_\_\_
8. Type of Productions & Percentage of Activity:  
Music Video \_\_\_\_%    Corporate/Industrial \_\_\_\_%    Commercials \_\_\_\_%  
Educational \_\_\_\_%    CGI \_\_\_\_%    Infomercials \_\_\_\_%    Animation \_\_\_\_%  
Other (Describe) : \_\_\_\_\_  
\_\_\_\_\_  
Documentaries/Infomercials please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name three of your major clients or your last 3 clients: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Estimated Gross Annual Production Cost: \$ \_\_\_\_\_  
List any Expenses or Producer Fees you wish to exclude: \_\_\_\_\_  
\_\_\_\_\_

Percentage of Overhead not directly related to the production to be included: \_\_\_\_\_%

Maximum cost any one production: \_\_\_\_\_

Average daily production cost: \_\_\_\_\_

11. Do you distribute any of the items in question number 8? 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 distribution contract)

12. Do you do Co-Productions      Yes      No

13. Percentage of productions outside of the USA: \_\_\_\_\_ %

14. Percentage of Location Filming: \_\_\_\_\_ %    Percentage of Studio Filming: \_\_\_\_\_ %

15. Maximum length of time from start to commencement of post: \_\_\_\_\_

16. Negative/Faulty Coverage:

Percentage of production on - Video: \_\_\_\_\_%    Electronic/Digital Media: \_\_\_\_\_%    3D: \_\_\_\_\_%

Film      35mm: \_\_\_\_\_%      16mm: \_\_\_\_\_%      70mm: \_\_\_\_\_%

Other: \_\_\_\_\_

Will you be using any specialized Computer programs to create any images or effects?

If so, please explain and provide name of the software and values.

\_\_\_\_\_

\_\_\_\_\_

Name and Address of the Lab/Studio performing the effects:

\_\_\_\_\_

Name and Address of processing/post facility:

\_\_\_\_\_

17. Do you rent property to others:      Yes      No    If yes, please provide a copy of your rental contract and annual rental receipts.

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

\_\_\_\_\_

\_\_\_\_\_

Estimated Costs: \_\_\_\_\_

19. Office Content Limit: \$ \_\_\_\_\_

This does not include Building Coverage, if you'd like a building quote check here.

20. Miscellaneous Equipment Limit: Owned \$ \_\_\_\_\_    Rented \$ \_\_\_\_\_

21. Electronic Data Processing Hardware (Computers) Limit: \$ \_\_\_\_\_

22. Electronic Data Processing Software Limit: \$ \_\_\_\_\_

23. Hired & Non Owned Auto Liability      Yes      No

If not needed, who is your hired & non owned auto liability carrier \_\_\_\_\_

Employees' drivers license info:

Name	License Number	State	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use additional paper if more space is needed.

24. Hired Auto Physical Damage: Estimated Annual Cost of Hire: \$ \_\_\_\_\_

25. Is a Worker's Compensation Quote needed:      Yes      No

Payroll: \_\_\_\_\_

Production \$ \_\_\_\_\_ Post Production \$ \_\_\_\_\_ Clerical \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

(\*\*\*Your FEIN Number must be included on Page 1\*\*\*)

Provide the name and telephone number of the Payroll Service being used, if applicable.

Do you require a Certificate of Insurance from independent contractors and what are your requirements: \_\_\_\_\_

### **Building Information – Important**

Do you:      Own      Rent

Total Square Footage: \_\_\_\_\_ Sq Footage you Occupy: \_\_\_\_\_

Other Occupancies in Building:

Construction Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Year Built: \_\_\_\_\_ \*If over 20 years old, verify the approximate YEAR of renovations to:

Wiring: Year \_\_\_\_\_ Plumbing: Year \_\_\_\_\_ Roofing: Year \_\_\_\_\_ Heating: Year \_\_\_\_\_

Other: EQ Retrofit Year \_\_\_\_\_

**Security**

Barred Doors & Windows \_\_\_\_\_ Sprinkler - Total \_\_\_\_\_ Partial \_\_\_\_\_

Alarms: Yes No Type: \_\_\_\_\_

Exposures – Left: \_\_\_\_\_

Right: \_\_\_\_\_

Rear: \_\_\_\_\_

Building Notes: \_\_\_\_\_

\_\_\_\_\_

26. Previous Insurer and Policy Number: \_\_\_\_\_

27. Losses during the past three years: (Attach Company Loss Runs)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Desired Effective Date: \_\_\_\_\_

29. Stunts, Hazards and Special Effects:

Please indicate in any of your productions involve any of the following activities:

- |                                      |                     |                             |
|--------------------------------------|---------------------|-----------------------------|
| Use of Watercraft                    | Under Water Filming | Filming Near/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 50ft                   | Underground Filming | Other Stunts/Hazards        |

**Please include a Biography of the Principals**

**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 if the above questions have been answered fraudulently or in a way to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.**

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_