



APPLICATION FOR: Small DICE Program

SECTION I. GENERAL INFORMATION

1. Name of Applicant: \_\_\_\_\_

2. Applicant is:  Individual  Partnership  Corporation  LLC  Other

3. Type of production produced:  Commercials  Documentaries  Education Films  Music Videos  Training Films  
 Other (please describe): \_\_\_\_\_

4. Estimated number of productions produced annually: \_\_\_\_\_

5. Estimated gross annual production costs: \_\_\_\_\_

6. Maximum cost for any one production: \_\_\_\_\_

7. Total amount of productions and value prior to protection print at any one time, one location: \_\_\_\_\_

8. Average length of time from start of photography to protection print: \_\_\_\_\_

9. Any projects scheduled to film outside US or Canada?  Yes  No

If yes, estimated annual receipts: \_\_\_\_\_

10. Do you rent property to others?  Yes  No

If yes, please provide a copy of your rental contract. Annual Rental receipts: \_\_\_\_\_

11. Has any form of insurance ever been canceled or declined?  Yes  No

If yes, please explain: \_\_\_\_\_

12. Previous insurer: \_\_\_\_\_ Previous policy number: \_\_\_\_\_

13. Previous loss history for the past three years. ( Attach Company loss runs)

14. Stunts, Hazards and Special Effects:

- Auto Chase/Crash Scenes
- Expensive Antiques/Autos
- Filming above 50 Feet
- Filming near or on Water
- Underground Filming
- Underwater Filming
- Use of Aircraft, Helicopters, Balloons, Drones
- Use of Animals
- Use of Pyrotechnics
- Use of Trains/Railroads
- Use of Watercraft
- Other Stunts/Hazards: \_\_\_\_\_

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

a. Description of scene and storyboards: \_\_\_\_\_

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 stunt or special effects coordinator: \_\_\_\_\_

e. Additional information may be needed.

## SECTION II. DECLARATION

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Alive Risk, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Alive Risk of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Alive Risk is entitled to rescind any policy issued pursuant to this application.

I declare 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 Alive Risk pursuant to this application.

I declare that by signing this application I am representing and warranting 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.

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**A copy of this application should be retained for your records.**