

140 2nd Street, Suite 230 Petaluma, CA 94952

Tel (888) 744-9810

www.tangramins.com

ANNUAL DICE PRODUCER SUBMISSION

GENERAL INFORMATION

1. Named Insured: _____
2. Physical Address: _____
Mailing Address: _____
3. Telephone: _____ Fax: _____
4. Applicant is a: ☐ Corporation ☐ Individual ☐ Partnership ☐ Other: _____
5. Owner's Name and Title: _____
6. Audit Contact: _____
7. Estimated Annual Gross Production Costs: \$ _____
8. Types of Productions: _____ % Commercials _____ % Documentaries
_____ % Web Series _____ % Animated Projects
_____ % Music Videos _____ % Others: _____
9. Name 3 of your major clients: _____
10. Estimated Number of Productions each year: _____
11. Filming Location(s): _____
12. Percentage of productions outside country of origin: _____ %
List Countries: _____
13. Percentage of Location Filming: _____ % Percentage of Studio Filming: _____ %
14. Any Post Production Work Done for Others: ☐ Yes ☐ No If Yes, what percent: _____ %
15. Do you distribute any products? ☐ Yes ☐ No If Yes, please describe and provide receipts:

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

17. Do you do any editing or special effects for others? ☐ Yes ☐ No If Yes, describe and provide annual receipts:

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

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19. Previous Loss Experience for the past three years (Attach Company Loss Runs):

20. What lines of coverage does your production company require?

Question 20 is required. Below you may further complete each line with estimated annual exposure and desired limits.

☐ COMMERCIAL GENERAL LIABILITY

21. Limit of Liability: \$ 1,000,000 Occurrence / \$2,000,000 Aggregate

Gross Production Costs: \$

☐ Blanket Additional Insured Endorsement

☐ Blanket Waiver of Subrogation

☐ PRODUCTION PACKAGE COVERAGE LIMITS & SUMMARY

| 22. | Coverage | Standard Limits | Requested Limits |
|-----|---|--|------------------|
| | Negative Film | \$ 1,000,000 | \$ |
| | Faulty Stock | \$ 1,000,000 | \$ |
| | Extra Expense | \$ 1,000,000 | \$ |
| | Props, Sets, & Wardrobe | \$ 1,000,000 | \$ |
| | Third Party Property Damage | \$ 1,000,000 | \$ |
| | Miscellaneous Equipment (including owned) | \$ 1,000,000 | \$ |
| | Non-Owned & Hired Auto Physical Damage | Included under Miscellaneous Equipment | \$ |
| | Animal Coverage (PSW) | \$ 100,000 occurrence / \$25,000 each animal | \$ |
| | Office Equipment and Furnishings | \$ 100,000 | \$ |
| | Computer / Electronic Data Processing | \$ 25,000 hardware / \$10,000 data and media | \$ |
| | Money and Currency | \$ 25,000 | \$ |
| | Civil Authority | \$ 250,000 | \$ |
| | | | \$ |
| | | | \$ |

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☐ NON OWNED AND HIRED AUTO LIABILITY

23. Limit of Liability: \$ 1,000,000

Cost of Hire: Motion Picture Vehicles: \$

Other Than Motion Picture Vehicles: \$

(NON OWNED AND HIRED AUTO PHYSICAL DAMAGE IS INCLUDED UNDER THE PRODUCTION PACKAGE)

☐ WORKERS COMPENSATION

24. Limit of Liability: \$ 1,000,000 each accident

Payroll: 9610: \$

8810: \$

FEIN:

State of Hire:

Officers to be Included/Excluded, Percentage of Ownership of Each:

| Name of Officer | Title | % Owned | Incl/Excl |
|-----------------|-------|---------|-----------|
| | | % | Excluded |
| | | % | Excluded |

☐ UMBRELLA / EXCESS LIABILITY

25. Limit of Liability: \$

Underlying GL/NOAL/EL Carrier:

Indicate if use of any of the following apply:

- | | |
|---|---|
| <input type="checkbox"/> Use of Animals | <input type="checkbox"/> Underwater Filming |
| <input type="checkbox"/> Motorcycles | <input type="checkbox"/> Special Vehicles |
| <input type="checkbox"/> Airborne Crafts | <input type="checkbox"/> Waterborne Crafts |
| <input type="checkbox"/> Railroad Cars or Equipment | |
| <input type="checkbox"/> Pyrotechnics (Explosions, Fire) – <i>Details to Follow</i> | |
| <input type="checkbox"/> Stunts or Hazardous Activities – <i>Details to Follow</i> | |

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ATTACHMENTS

- ☐ Resume / Bio of Principals
- ☐ Company Overview or Website: _____
- ☐ Stunt/Pyro Supplemental Information (If Applicable)
- ☐ Loss History

Submitted by: _____

Agency Name: _____

Address: _____

Date Submitted: _____