

C & S Int'l Insurance Brokers Inc

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INDEPENDENT PRODUCERS OF PROGRAMMING FOR PUBLIC BROADCAST Application for insurance

Submission of completed application incurs no obligation to purchase or bind insurance.

NOTE: All questions must be answered. All requested attachments must accompany application.

1. _____
First Named Insured (including DBAs) **NOTE:** First named insured is responsible for premium payment, cancellation, and changes-refer to specimen policy

Street Address

City, State, Zip Code

Telephone Number

Website Address (es)

E-mail address

2. Are there other Named Insured and/or subsidiaries, affiliates, branch offices or other related entity(ies)(including DBAs)for which coverage is desired?

Yes No

If yes, please attach a list of entities for which coverage is desired.

NOTE: Coverage is not afforded to any entity not scheduled in this section of the application and not specifically named as an Insured on the policy.

All remaining questions on this application apply to all of the persons and entities described in Questions 1 and 2 above, collectively referred to as "Applicant".

3. A. Date applicant was established:_____

B. Geographic area in which applicant operates:

Local Regional (multi-state) National International

4. A.. Is the applicant wholly or partially owned by, affiliated with, or controlled by any other entity (ies) not previously listed in Question 1 or 2? Yes No

B. Does applicant wholly or partially own, operate, manage, or control any other businesses or entity (ies) not previously listed in Question 1 or 2? Yes No

If 4A or 4B are answered yes, please provide complete details:_____

5. Within the past five years, has applicant:

A. Changed named? Yes No

B. Changed ownership structure? Yes No

C. Purchased or acquired another entity? Yes No

D. Merged or consolidated operations with another entity? Yes No

If any of 5A -5D are answered yes, please attach a summary of all relevant transactions.

6. Title of production to be insured: _____

Please attach a copy of the title report (title search and opinion)

Based on: Book Screenplay Original material News event Other (specify)

7. Anticipated air date: _____

8. Type of production: Educational Cultural Sports Documentary

Give brief synopsis of production: _____

9. Number of segments: _____ Number of minutes per segment _____

10. Name of producer: _____

Name of executive producer: _____

Name of authors or writers: _____

11. Is applicant aware that the coverage applicant is applying for responds only to programming distributed for non-commercial use? Yes No (optional coverage for commercial distribution may be available for An additional charge)

12. A. Have all licenses and consents been obtained? Yes No

1) From copyright owners? Yes No

2) From music owners? Yes No

3) From performers or persons appearing in the film? Yes No

4) From writers and/or others? Yes No

B. Have musical rights been obtains?

1) Recording and synchronization rights? Yes No

2) Performing rights? Yes No

C. Is the name or likeness of any living person used, or us any living person portrayed(with or without use of name or likeness)in the production? Yes No If yes, explain: _____

D. Will any previously made video or film clips be used in this production? Yes No

If yes, have all necessary licenses and consents been obtained? Yes No

If no, explain: _____

E. Name of in-house counsel _____

Telephone number _____

Years of experience in media law: _____

F. Name of outside counsel: _____

Telephone number _____

Years of experience in media law _____

G. List of previous production works: _____

FINANCIAL INFORMATION

13. A. Estimated total gross annual operated sales, revenues or operating budget from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including those entities or operations not to be covered by the proposed policy:**

	<u>Past 12 Months</u>	<u>Current 12 Months</u>	<u>Estimate for Coming Year</u>
U.S. Operations (Including territories)			
Gross revenues, sales or operating budget (Circle the applicable basis)	\$ _____	\$ _____	\$ _____
Non-U.S. Operations Gross revenues, sales or operating Budget (circle the applicable Basis)			
	\$ _____	\$ _____	\$ _____

B. Estimated total gross annual operating sales, revenues or operating budget from all companies wholly or partially owned by, affiliated with, associated with, or controlled by applicant, **including all Independent Film Production entities or operations to be covered by the proposed policy:**

U.S. Operations (Including territories)			
Operating budget with Respect to programming	\$ _____	\$ _____	\$ _____
Non-U.S. Operations			
Operating budget with respect to programming	\$ _____	\$ _____	\$ _____

14. Estimated assets of all of applicant's operations \$ _____

Attach a copy of the latest , complete audited financial statement , annual report, and /or 10K, or complete operating budget if applicant is a non- profit organization.

15. Has any actual or threatened claim or suit been made against applicant, or any predecessor , subsidiary or affiliate thereof in the last five years, for libel, slander or other forms of defamation, invasion or infringement of the right of privacy or publicity; infringement of copyright ,title ,slogan, trademark, trade name, trade dress, service mark or service name; plagiarism or misappropriation of ideas under implied contract or any other act, error or omission arising out of matter distributed,broadcast,telecast,cablecaset,syndicated,produced,exhibited or advertised or arising from Internet activities?

Yes No If yes, provide complete details,. Include type of claim, gist of offending mater, name of claimant, amount of defense costs, judgment or settlement, status or final disposition of the claim.

16. Has the applicant has any prior producers liability insurance on production to be insured? Yes No
If yes, attach a copy of prior policy

17. Has any insured declined, cancelled, or refused to renew any similar insurance issued to applicant? (Not applicable in Missouri) Yes No If yes, give details. Add attachment if needed.

18. Will this production, or any content related to it, be distributed via any form of electronic information exchanges though the Internet, a commercial on-line service or any electronic bulletin board system?
 Yes No If yes, attach explanation

19. Policy limit requested: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000
NOTE: All policies include a self-insured retention applying to the cost of defense, judgments and settlements or any combination thereof.

20. Is optional coverage for contingent Errors and Omissions desired? Yes No

21. Is optional coverage for commercial distribution desired? Yes No

22. Is coverage desired for any merchandising related to the production? Yes No
If yes, please provide the following:

- A. Anticipated gross annual revenues from merchandising: \$ _____
- B. Copies of contracts of licensing agreements with any distributors, suppliers, etc.
- C. Brief description of merchandising activities.

Please note that claims arising from merchandising are not covered unless the above described information is submitted to and approved by the Company and coverage is endorsed to the policy.

IT IS UNDERSTOOD THAT THIS APPLICATION IS FOR MEMBERSHIP IN AND INSURANCE UNDER THE PUBLIC BROADCASTERS PURCHASING GROUP PLAN. THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF APPLICANT'S KNOWLEDGE AND BELIEF AND WILL BE THE BASIS UPON WHICH THE POLICY IS ISSUED.

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 FRAUDULANT INSURANCE ACT, WHICH IS A CRIME, AND IN NEW YORK 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.

The statements and answers made in this application and in attachments are true to the best of my knowledge. I have neither omitted nor misrepresented any information.

Name _____
(please type or print)

Name _____
(Signature of authorized representative)

Title _____

Date _____

To complete this application, please submit:

- Completed, signed and dated Media/Cyber liability Supplemental required if Internet presence
- Copy of clearance report
- Current audited financial statement, annual report and/or 10K, or complete operating budget if applicant is a non-profit organization
- Description of procedure for checking content for accuracy infringement, etc.
- Promotional material regarding production, if available
- Sample videotape or copy of script