



**Know you're protected...**

**In Studio • In Transit • On Location**

3033 N. 44th St. #300 • Phoenix, AZ 85018 • Phone: (866) 977-4725 • Fax (877) 956-4418

[www.hillusher.com/production](http://www.hillusher.com/production)

Supplemental Insurance Application

Submission Requirements: Please check all that have been included:

- Completed ACORD Applications
- List of Equipment
- Copy of Rental Contract/Agreement
- Hard Copy Loss Runs
- Applicable Brochures and Website Address

## Part I- Applicant

A.

Named Insured:		
Street Address:	P.O. Box:	County:
City, State, Zip Code	Coverage effective dates From:                      To:	
Location Name and Address:	Additional subsidiaries and descriptions:	
Federal ID Number:		
Number of years this facility has been: Operating:_____ Owned by present owners:_____ Managed by Present Management:_____		
Phone Number:	Email Address:	
Fax Number:	Website:	

B. Please provide a description of operations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Is your company a:  corporation  sole proprietor  partnership  limited liability company

D. Are you an ICIA Member?  YES  NO

## Part II- Building Exposures

- A.  If a renewal: PLEASE CHECK HERE IF NO COVERAGES HAVE CHANGED
- B. If you have multiple locations, please submit a SSV. Please provide Replacement cost limits for the following at each location  
Building: \_\_\_\_\_  
Business Personal Property: \_\_\_\_\_  
Combined Business Interruption and Extra Expense: \_\_\_\_\_  
Electronic Data Processing Property: \_\_\_\_\_  
Square Footage: \_\_\_\_\_
- C. Premises Exposure (each premises):
- Construction (Check the one which is most applicable):  Masonry Non-Combustible  Fire Resistive  
 Frame  Joisted Masonry
- Occupancy (Check the one which is most applicable):  we are the sole occupants  manufacturing  
 other occupants are retail/wholesale  office  other occupants have similar operations
- Protection (Check all the applicable Alarm and Protection systems):
- Smoke:  YES  NO If yes (check one):  central station  local  hard wired  battery  
Fire:  YES  NO If yes (check one):  central station  local  hard wired  battery  
Burglary:  YES  NO If yes (check one):  central station  local  hard wired  battery  
Sprinkler System:  YES  NO Protection Class (number): \_\_\_\_\_
- Neighborhood- Check all the applicable:  residential  office  mixed  
 suburban  rural  urban

## Part III- Equipment Features

- A. Inventory Control: (check all that apply)
- All equipment is registered in an automated inventory system  
 Equipment is locked up when on premise  
 We occasionally rent our equipment to third parties  
 When we rent our equipment, we always use a contract that transfers the responsibility for loss, damage, theft to the rentee  
 We run a credit card for all rented equipment  
 We never rent or lease our equipment to a third party
- B. Transportation: (check all that apply)
- We always transport our own equipment  
 We use a contract carrier and always pack our own equipment  
 We use a common carrier and always pack our own equipment  
 We use a contract carrier and never pack our own equipment  
 We use a common carrier and never pack our own equipment
- C. Equipment at Other locations: (check all that apply)
- Equipment is always locked up when away from our premise  
 Equipment is not left with third parties when off premise  
 Equipment always stays with the operator

D. Subject and Limits of Insurance Provide replacement cost:

Production:		
Negative & video tape: \$		
Limit: \$	Deductible: \$	
Faulty stock/camera/processing: \$		
Limit: \$	Deductible: \$	
Props: \$	Sets/Scenery: \$	Costumes/Wardrobe: \$

## Part IV- Special Entertainment- (If Applicable)

A. Estimated gross annual production costs:

Tape \$ \_\_\_\_\_ Film \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

B. Funding sources: \_\_\_self funded \_\_\_outside  
(Name organization) \_\_\_\_\_

C. Film types (check all that apply)

\_\_\_documentaries \_\_\_educational \_\_\_commercials  
\_\_\_training \_\_\_animated \_\_\_other \_\_\_\_\_

D. Percentage of films produced outside of U.S. or Canada \_\_\_\_\_%

E. Maximum cost of any one production \$ \_\_\_\_\_

F. Maximum time any one production from photography to production print \_\_\_\_\_

G. Total value of negative film without protection prints at one location \_\_\_\_\_

H. Transportation of negative to lab: a. via \_\_\_\_\_ b. frequency \_\_\_\_\_

I. Mobile studios \_\_\_N/A if used, values \$ \_\_\_\_\_ Describe unit(s) \_\_\_\_\_

## Part V- Additional Information

A. Annual sales \$ \_\_\_\_\_ Payroll \$ \_\_\_\_\_

B. Does the company own any vehicles  YES  NO

If yes (please attach the following):

- Schedule of Vehicles including city garaged, cost new, radius, and GVW
- List of Drivers including drivers license number and date of birth.

C. Do you have employees  YES  NO

If yes, how many \_\_\_\_\_

D. Please check the requested limit of liability for your Umbrella policy:

- \$3,000,000
- \$2,000,000
- \$1,000,000

E. Three Year Loss Information:

Please complete the following or check here:  NO LOSSES

This year's losses:	# of losses	Total value
Last year's losses:	# of losses	Total value
Previous losses:	# of losses	Total value

F. Do you carry Workers Compensation Insurance?  YES  NO  
Limits \_\_\_\_\_ Premium \_\_\_\_\_

G. Would you like a Workers Compensation quote?  YES  NO  
If YES, please attach an Acord Application and MOD sheet (if applicable).



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