



KAMM INSURANCE GROUP

WILLIAM J KAMM & SONS MYERS-BRIGGS & COMPANY

300 SOUTH WACKER DRIVE SUITE 1000 CHICAGO, ILLINOIS 60606 P 312-263-3215 F 312-263-0979

WWW.KAMMGROUP.COM

Special Entertainment Package Policy Application

Please return this form to: John Richards P 312-425-2377 F 312-256-8414 E entertainment@kammgroup.com

Contact Information

Name of Production Company (Applicant) _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

Applicant is a(n): [] Individual [] Partnership [] Corporation, the officers which are:

President _____ Vice President _____

Secretary _____ Treasurer _____

Experience of Applicant _____

Indicate Financing Source or Organization used _____

Release or Distribution organizations or Agencies used _____

Loss, if any, to be payable to _____

Production Information

Productions are on: [] Film [] Tape [] Digital [] All: ____% Film / ____% Tape / ____% Digital

Production personnel are: [] Union Members [] Non-Union Members

Names and addresses of:

Studios to be used _____

Laboratories to be used _____

Vaults to be used _____

Cutting Rooms to be used _____

Estimated number of productions to be produced annually _____

Estimated gross annual production costs: Tape \$ _____ Film \$ _____ Total \$ _____

Types of films to be produced: [] Documentaries [] Commercials [] Animated Films [] Educational Films [] Training Films [] Other (please describe) _____

Indicate if any of the following optional items are to be insured: [] Story [] Scenario [] Music Rights [] Sound Rights [] Royalties [] Continuity

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Percentage of Direct Cost to be included as Overhead (if any) _____
 Percentage of productions to be filmed outside of the U.S. or Canada _____
 Maximum cost on any one production _____
 Maximum length of time any one production from start of photography to date of protection print _____
 Average estimated length of time from start of photography to date of protection print
 of all productions to be insured _____
 Maximum loss exposure in dollars on any one occurrence \$ _____
 (total amount of negative film without protection prints at any one time stored at one location)

Description and values at risk (indicate whether owned or rented and give dollar breakdown)

	Owned	Rented (Highest any one time)	Total
Props	\$ _____	\$ _____	\$ _____
Sets & Scenery	\$ _____	\$ _____	\$ _____
Wardrobe & Costumes	\$ _____	\$ _____	\$ _____
Cameras & Lenses	\$ _____	\$ _____	\$ _____
Sound & Recording	\$ _____	\$ _____	\$ _____
Electrical & Lighting	\$ _____	\$ _____	\$ _____
Editing & Projection	\$ _____	\$ _____	\$ _____
Other Equipment	\$ _____	\$ _____	\$ _____
Office Contents	\$ _____	\$ _____	\$ _____

If any individual items are valued in excess of \$25,000, please give details _____

Negative to be transported to processing lab: Via _____ Frequency _____

Indicate Inventory Control Methods and who is responsible _____

Mobile location studio vehicles used Yes No Values _____

Describe each unit in detail _____

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Brief description of protection of property (fire fighting equipment, watchman, etc.)

Has any form of insurance ever been cancelled or declined? Yes No If yes, please explain

Previous Insurer and Policy No.

Previous Loss Experience

Coverages Desired

Table with 3 columns: Coverage, Limit of Liability, Deductible. Rows include Negative/Videotape, Faulty Stock/Camera/Processing, Props, Sets & Scenery, Costumes & Wardrobe, Cameras, Lenses, Sound, Lighting Recording, Electrical, Editing, Projection & Other Equipment, Extra Expense, Property Damage Liability, Office Contents.

Desired effective date of policy Term