



# APPLICATION FOR COMMUNICATIONS LIABILITY INSURANCE (SUPPLEMENT)

PLEASE ANSWER ALL QUESTIONS  
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS  
RETURN THIS APPLICATION ALONG WITH THE APPROPRIATE SUPPLEMENTAL APPLICATION(S).

## Production Details

1. Title of Production: \_\_\_\_\_
  
2. Estimated start time of principal photography: \_\_\_\_\_ Estimated first air date: \_\_\_\_\_
  
3. Name of Producer (Individual): \_\_\_\_\_ Years of Experience: \_\_\_\_\_
  
4. Name of Executive Producer (Individual): \_\_\_\_\_ Years of Experience: \_\_\_\_\_
  
5. Have you had prior insurance coverage for the named production?  Yes  No  
If Yes, please attach prior policy.
  
6. Production is:
 

<input type="checkbox"/> Motion Picture for initial Theatrical Release	Run Time: _____
<input type="checkbox"/> Motion Picture for initial Television Release	Program Time: _____
<input type="checkbox"/> TV Pilot	Program Time: _____
<input type="checkbox"/> TV Special	Program Time: _____
<input type="checkbox"/> TV Series	Program Time/ Episode: _____ No. of Episodes/Week: _____
<input type="checkbox"/> TV Mini-Series	Program Time/ Episode: _____ No. of Episodes: _____
<input type="checkbox"/> TV Docudrama	Program Time/ Episode: _____ No. of Episodes: _____
<input type="checkbox"/> TV Daily Program	Program Time/ Episode: _____
<input type="checkbox"/> TV Commercial	
<input type="checkbox"/> TV Infomercial	Program Time/ Episode: _____ Documentary
<input type="checkbox"/> Training Film	
<input type="checkbox"/> Industrial Film	
<input type="checkbox"/> Video Cassette	Program Time: _____
<input type="checkbox"/> Music Video	Run Time: _____

Radio Series                      Program Time/ Episode: \_\_\_\_\_ No. of Episodes: \_\_\_\_\_  
 Theatrical Stage Presentation                      Program Time: \_\_\_\_\_  
Other (Please explain): \_\_\_\_\_

7. Production is:

- Entirely Fictional
- Entirely Fictional but inspired by real events or occurrences
- True Portrayal of real events or occurrences
- True Portrayal of real events or occurrences but includes some fictionalization
- Based on another work:  
Name of other work: \_\_\_\_\_  
Have the necessary agreements from the owners of the other work been obtained?     Yes     No
- Other (Please explain): \_\_\_\_\_

8. Production contents are:

- |  |  |
|--|--|
| <input type="checkbox"/> For children                  | <input type="checkbox"/> Interview                     |
| <input type="checkbox"/> Investigative Report          | <input type="checkbox"/> Variety                       |
| <input type="checkbox"/> News                          | <input type="checkbox"/> Musical                       |
| <input type="checkbox"/> Game or Quiz                  | <input type="checkbox"/> Dramatic                      |
| <input type="checkbox"/> Animated                      | <input type="checkbox"/> Comparative to other Products |
| <input type="checkbox"/> Commentary or Forum           | <input type="checkbox"/> Previously released film      |
| <input type="checkbox"/> Cultural                      | <input type="checkbox"/> Religious                     |
| <input type="checkbox"/> Educational                   | <input type="checkbox"/> "How to"                      |
| <input type="checkbox"/> Sports                        | <input type="checkbox"/> Made for Public TV            |
| <input type="checkbox"/> Other (Please explain): _____ |  |

9. Description of plot/storyline (Please describe all special hazards):

\_\_\_\_\_  
\_\_\_\_\_

**Financial and Distribution Information**

10. Estimated cost of production: \_\_\_\_\_

11. Estimated cost of advertising associated with the production: \_\_\_\_\_

12. Estimated gross merchandising revenue related to the production (If coverage desired): \_\_\_\_\_

13. Projected Distribution:

International       National       Regional       Local

14. Languages used in the Production: \_\_\_\_\_

**Licensed and Consents**

15. Have all licensed and consents been obtained from:

- a. Authors and writers of screen play  Yes  No
- b. Authors and writers of underlying work  Yes  No
- c. Music Owners, including the rights for the:
  - 1. lyrics  Yes  No
  - 2. music  Yes  No
  - 3. recording and synchronization  Yes  No
  - 4. performance rights  Yes  No
  - 5. soundtrack, CD, tape  Yes  No
  - 6. videotape, videocassette or videodisc  Yes  No
- d. ASCAP, BMI SESAC or other licensing services  
If Yes, attach copy of license.  Yes  No
- e. Film Clip Owners, including from:
  - 1. licensing entities  Yes  No  
If Yes, attach copy of license.
  - 2. copyright owners  Yes  No
  - 3. music owners, including the rights for the:
    - i. lyrics  Yes  No
    - ii. music  Yes  No
    - iii. recording and synchronization  Yes  No
    - iv. performance rights  Yes  No
    - v. soundtrack, CD, tape  Yes  No
    - vi. videotape, videocassette or videodisc  Yes  No
  - 4. writers of authors  Yes  No
- f. Performers or persons appearing in the production  Yes  No
- g. Persons (alive or deceased) whose name or likeness is used in the production  Yes  No
- h. All entities for distribution on videotape, videocassette or video disc or other new technology  Yes  No

16. If you answered No to any question in 15, please explain:

---

17. Has the production gone through your written clearance procedures?  Yes  No  
If No, please explain:

---

18. Is a Title Search and Report completed on the production?  Yes  No  
If No, please explain:

---

19. Is a hold harmless agreement obtained from the composer of any music specially commissioned for the productions?  Yes  No  
If No, please explain:

---

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.**

---

Signature of Applicant (authorized representative)

---

Date

SUBMITTED BY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**For contact information visit:  
[www.markelinternational.ca](http://www.markelinternational.ca)**