



# Short Term Production Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:** 1. Fill in the application by filling in the blue fields on all pages.  
 2. Please fill in all the fields with the correct information.  
 3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

## POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Cyber Liability
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Hired & Non-Owned Auto

## Section 1: Insured Information

How did you hear about us?

1. Name of Insured:	2. Email:
3. Entity Type: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Trust	
4. County of Residency (if individual):	
5. County of Registration (all others):	
6. Primary Address (no PO Box):	
7. Mailing Address (if different to primary):	
8. Phone / Fax:	9. Website:
10. Year Business Established:	11. FEIN / SS#:

## Section 2: Qualification Questions

1. Will the production include any hard-core or soft-core pornography or live gangster rap music? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will any production activities take place outside of the US and Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Confirm your understanding that only one production will be covered by the policy, if coverage is provided. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any unprotected or open heights above 15 feet or employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any employees supplied to or from an employee leasing operation (ie, PEO) <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 3: Insurance History

1. Any losses in the past 3 years? (if yes, provide details below)			
Policy Type/ Line of Business	Date of Loss	Description of Loss	Amount of Loss



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## Section 3: Insurance History (continued)

Policy Type/ Line of Business	Date of Loss	Description of Loss	Amount of Loss

2. Any prior insurance? (if yes, provide details below)

Policy Type	Carrier	Policy #	Expiration Date	Premium

3. Any insurance declined or canceled in the past 3 years?  Yes  No If yes, provide details:

## Section 4: Production Details

1. Production Name:

2. Type of Production:

3. Gross Production Cost:

4. Number of Episodes:

5. Production Start Date:

6. Production End Date:

7. Shooting Location(s) - Cities & States:

8. Synopsis

**FOR MUSIC VIDEOS ONLY**

1. Type of Music:

2. Decade of Music:

3. Artist Name:

## Section 5: Production Personnel

Enter the key personnel:

First & Last Name	Personnel Role	DL #	State of Issue	Country of Residence
	Executive Producer			
	Producer			
	Director			



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## Section 6: Stunts and/or Hazardous Activities

1. Will the production include any stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATV's, blanks, squibs, guns or other hazardous activities?  Yes  No If yes, the information below is required for each stunt/hazardous activity:

2. **Stunts:** Type of Stunt \_\_\_\_\_ Date(s) of Stunt: \_\_\_\_\_

Detailed Description of Stunt: \_\_\_\_\_

Stunt Coordinators/Professionals, if any licensed?  Yes  No

Are permits required?  Yes  No Have they been obtained?  Yes  No

Describe precautions taken for the safety of the public, participants and property

\_\_\_\_\_

Any cast members involved/in close proximity?  Yes  No

If vehicle(s) involved: # of vehicles \_\_\_\_\_ Maximum Speed \_\_\_\_\_

Any collisions, explosions?  Yes  No

3. **Animal Coverage:** Type of animal and breed if applicable: \_\_\_\_\_

Value of Animal: \_\_\_\_\_ Days of filming: \_\_\_\_\_

Where will animal be housed during/after filming? \_\_\_\_\_

Who is responsible during transport? \_\_\_\_\_ # of scenes: \_\_\_\_\_

Any replacements for the animal and can they substitute at all times?  Yes  No

**Required Attachments & Notes:** • Attach detailed synopsis of stunt, resume of stunt coordinator/pro-technician, permits • Certain stunts/hazardous activities are ineligible • Certain coverages (such as workers compensation) may not be available for productions that include stunts/hazardous activities • For additional stunts in the same productions, duplicate this page

4. Is Workers comp required by SAG?  Yes  No

Number of Shoot Days: \_\_\_\_\_ Payroll Company Name (if any) \_\_\_\_\_

Classification	#Full Time	#Part Time	Payroll (W-2, 1099, Deferred, Other)
Actors			
Crew			
Clerical			
Other (describe)			



**Section 7: WARRANTY**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**Section 8: SIGNATURE**

Print Name of Applicant	Title:
Signature of Applicant (Mandatory)	Date:



**FRAUD NOTICE**

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:	Date:
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