



Hiscox Insurance Company Inc.

Video, film and television producers blanket application

Notice: This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs, and may be completely exhausted by such amounts. We shall not be liable for defense costs or for the amount of any judgment or settlement after exhaustion of the policy limit. Further note that amounts for defense costs shall be applied against the retention amount.

Your business

1. Name of applicant:

Address:

Zip code: Telephone:

Website:

When was your business established?

Your production details

2. Please provide your gross revenue:

| | Past Year ending / / | Current Year | Upcoming Year (est.) |
|------------------------|----------------------|--------------|----------------------|
| Total gross revenue | \$ | \$ | \$ |
| Gross Production Costs | \$ | \$ | \$ |

3. Average production budget \$ Number of productions per year

Largest production budget \$

4. Genre split of productions:

| | Past Financial Year | Current Financial Year | Upcoming Financial Year |
|--------------------------------|---------------------|------------------------|-------------------------|
| Television (non-investigative) | % | % | % |
| Television (investigative) | % | % | % |
| Biography | % | % | % |
| Quiz, game show, talk show | % | % | % |
| Sports | % | % | % |
| Live broadcasts | % | % | % |
| Children | % | % | % |
| Religious | % | % | % |
| Docu-drama | % | % | % |
| Reality | % | % | % |
| Dramatic | % | % | % |
| Animation | % | % | % |
| Films for theatrical release | % | % | % |
| Films for TV/DVD release | % | % | % |
| Other (please specify) | % | % | % |

5. Do you specialize in any types of productions? Yes No

If Yes, please give details:



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6. Please advise the third parties to whom you intend to supply programs to in the upcoming year:

| Third party | Type of Program |
|-------------|-----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Clearance procedures

7. Where the name or likeness of any living person is used in your productions, are all necessary rights obtained? Yes No

If No, please explain:

8. Where the name or likeness of any deceased person is used in your productions, are all necessary permissions obtained? Yes No

If Yes, will all necessary permissions be obtained from personal representatives, heirs or estates?

Yes No

9. Do you always obtain title and trademark reports from a recognized agency and have this confirmed as satisfactory by a suitably qualified attorney? Yes No

If No, please explain:

10. a. Where your productions are not entirely original, are copyright reports obtained? Yes No

b. Are these always checked for any ambiguities, gaps or problems in the chain of title? Yes No

c. Has the chain of title of all works on which productions are based been thoroughly investigated and cleared back to the original copyright owners to determine that all grants or transfers in the chain of title permit you to assign or sublicense the material as incorporated in your production? Yes No

11. Where a production is based upon an original format with which you are already familiar or where it is based upon a similar format or similar material that has been previously submitted to you, do you refer to your attorney for confirmation that you can safely proceed with your exploitation of the work? Yes No

If No, please explain:



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- 12. a. Do you always obtain, from all writers and other content providers to the productions, written warranties that the content with which they provide you does not infringe the right of any third party and do you obtain an indemnity for any breach of this warranty? Yes No
- b. Do you always obtain a written agreement from all performers or persons appearing in your production consenting to their appearance? Yes No

13. Where film clips, TV clips or photographs are used in your productions:
- a. Are all licenses and consents always obtained from the copyright owner without restriction and do you always ensure that you are authorized to assign or sublicense the licensed materials as incorporated in your productions? Yes No
 - b. Do you always ensure that you have the authorization of any person or entity depicted in the film clip, TV clip or photograph to use their depiction in your productions and to assign or sublicense that depiction in your productions? Yes No

If the response to any answer for a. or b. above is No, please give details:

14. Are the following musical rights always obtained from the composer and/or performers of specially commissioned music and/or cleared with the owners of pre-existing music and/or recordings:
- a. Recording and synchronization? Yes No
 - b. Performing rights? Yes No
 - c. Right to distribute for all forms of distribution contemplated (home video, etc.)? Yes No
15. Have you or any of your agents been unable to obtain or been refused an agreement or release after having:
- a. negotiated for any rights in literary, musical or other materials? Yes No
 - b. negotiated for release from any persons in respect of any material incorporated in the production? Yes No

If Yes, please explain:

Attorney used for clearances

16. Name of your attorney (individual's name):
- Firm name and address:
- Telephone: Email:

17. Have you and your attorneys read and agreed to exercise due diligence to insure that the 'clearance procedures' attached are followed? Yes No
- If No, please explain



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Current insurance

18. a. Do you currently have a media liability insurance policy? Yes No

If Yes, what is the renewal date?

If you currently have media liability insurance with someone other than Hiscox, please answer the following:

Name of insurer:

Limit of Liability:

Retention:

Premium:

MISSOURI APPLICANTS/AGENTS – DO NOT ANSWER THIS QUESTION

b. Has any insurer declined, cancelled or refused to renew any similar insurance issued to you? Yes No

If Yes, please provide full details:

c. Do you currently have a comprehensive general liability insurance policy? Yes No

Claims representation

19. a. Have you suffered any loss or has any claim, whether successful or not, ever been made against you that would be covered by this insurance? Yes No

If Yes, please attach details, including the date of each claim or loss, the amount of the claim, defense costs paid and any remedial action taken.

b. Are you aware of any problem which is likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance? Yes No

If Yes, please attach details of each problem.

It is understood and agreed that with respect to questions 19 a. and b., that if such knowledge of information exists any claim or action arising there from is excluded from this proposed coverage.

Supplemental information

Please attach the following additional information:

- List and description of all productions in development
- Description of procedure for handling unsolicited submissions
- Experience resume (if less than three years experience)
- Current financial statements



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Representation

I represent that this application form has been completed after proper inquiry and, based on this inquiry, I represent the application contents are true, accurate, and not misleading.

I represent that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I represent that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I represent that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I represent that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

NOTICE TO ALASKA RESIDENT APPLICANTS: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

NOTICE TO ARKANSAS RESIDENT APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

NOTICE TO CALIFORNIA RESIDENT APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO COLORADO RESIDENT APPLICANTS: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DELAWARE RESIDENT APPLICANTS: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA RESIDENT APPLICANTS: 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, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA RESIDENT APPLICANTS: 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.

NOTICE TO HAWAII RESIDENT APPLICANTS: 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, imprisonment or both.

NOTICE TO IDAHO RESIDENT APPLICANTS: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

NOTICE TO INDIANA RESIDENT APPLICANTS: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

NOTICE TO KENTUCKY RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud an 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 fraudulent insurance act, which is a crime.



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NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

NOTICE TO MINNESOTA RESIDENT APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEBRASKA RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEVADA RESIDENT APPLICANTS: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY RESIDENT APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO RESIDENT APPLICANTS: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK RESIDENT APPLICANTS: Any persons who knowingly and with the 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 fraudulent insurance act, which is a crime and 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.

NOTICE TO OHIO RESIDENT APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA RESIDENT APPLICANTS: WARNING: Any person who knowingly and with the 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

NOTICE TO UTAH RESIDENT APPLICANTS: For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA RESIDENT APPLICANTS: 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.

NOTICE TO WASHINGTON RESIDENT APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



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Signature of authorized representative

Date (mm/dd/yyyy)

Title:

A copy of this application should be retained for your records.

Agents License
Number:

Agents Name:



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Clearance procedures

Please read the following section carefully

Clearance has the simple purpose of ensuring that the insured production is not vulnerable to litigation. You should ensure that:

- a. if the insured production carries any risk of libel, or a related legal problem, it is cleared; and
- b. all rights necessary to production, exhibition, and distribution in all media are secured before you fill in this form, or will be as soon as practicable. We must be informed of any rights problems related to material included in the insured production, as soon as you become aware of them, and you must seek advice on such problems from your own attorneys.

Accordingly, you and your attorneys should be sure before first exhibition of the insured production that:

1. All necessary rights have been obtained, covering domestic and foreign territories, including any extensions and renewals, for all literary material (other than original and unpublished material) contained in the insured production. If full copyright is not obtained, any limitations and/or reservations must be notified to us. If you are acquiring the insured production as a completed work (such as a pick-up of a motion picture) rights must also be secured covering the completed work. The origin of all works on which the insured production is based must be traced and cleared in order to ascertain that you have all the required rights in the work.
2. Written agreements must exist between you and the creators, authors, writers and owners of all material, including quotations from copyrighted literary works, film, television, and audio clips, clips of pre-existing music, featured copyrighted props such as maps, etc, used in the insured production, authorizing you to use the material in the insured production (except in the case of approved 'fair dealing'). All agreements should include a waiver of so-called 'moral rights'.
3. If the subject matter of the insured production is potentially defamatory, or for any other reason legally contentious, it has been cleared by a suitably qualified libel attorney, as has any 'fair use' and all recommended changes have been made.
4. In the case of fictional characters, a full cast script clearance check has been carried out, also of business names, etc and again, all recommended changes have been made.
5. All contracts and releases must give you the right to market the insured production for use in all media and markets (e.g. DVD, video cassette, digital format, internet etc.). In particular, any gaps in respect of underlying rights must be notified.
6. Synchronization and performance licenses must be obtained from the composer or copyright owner of all music used in the insured production. Licenses are unnecessary if the music (and its arrangement) is in the public domain. Licenses must also be obtained from the owners of recordings for the use of previously recorded music.
7. If the insured production contains any film clips, you have obtained authorization to use the film clip from the owner of the clip who has the right to grant such authorization and have obtained authority from the owners of and contributors to the film clip e.g. underlying literary and musical rights, owners, actors, and musicians etc. All releases must give you the right to edit, add to and/or delete any or all of the material supplied by the releasor.
8. You must be sure that you or any of your partners or directors have not received any unsolicited submissions of any literary or dramatic material, programme ideas, formats or storylines from any third parties which are similar in content or style to the insured production. If you have, you must have a process for dealing with them and quit claims must be obtained where appropriate.
9. Any problems relating to the insured production which are not known at the time of completing this application form must be notified to us as soon as they arise.
10. Any bonus material, interviews or outtakes included on a DVD or any other media version of the production must go through the same clearance procedures as the insured production.
11. Any uses of copyrighted material in its renewal term must be authorized by persons or entities entitled by statute to renew.
12. All contracts, releases, grants of rights of every kind (including all prior grants in your chain of title) must authorize you to use the acquired material in your production and to assign or sublicense it in any form.

The above clearance procedures are not exhaustive, nor do they cover all situations which may arise, given the great variety of productions. You and your attorneys must continually monitor the insured production at all stages, and in light of any special circumstances, make certain that the insured production contains no material which could give rise to a claim.