



ACE International Advantage[®] Application

D.I.C.E. Producer



Applicant Information

Named Insured:

Address:

Contact Name:

Email Address:

Business Website:

Desired Effective & Expiration Dates: -

Requested Quote Date:

Broker Information

Brokerage Name:

Address:

Contact Name:

Phone#: Fax#:

Email Address:

Have you been appointed with ACE? Yes No

Desired Billing Type: Producer Direct

General Information

Describe Production Activities and Any Other Foreign Operation(s):

Foreign Production Type: *check all that apply*

- Documentary
 Industrial
 Commercials
 Music Videos
 Animation
 Infomercials
 Exercise Videos
 Computer Effects
 Travel Show
 CD ROM/DVD
 Other
 If other, describe:

Productions or episodes: Production Start Date: End Date: Total number of weeks:

Provide Detailed Description of Storyline Synopsis:

List Countries Where Insured's Employee(s) Will Travel or Work:

Describe Filming Location(s): *e.g., in studio, outdoor scenes, etc.*

If any filming on location or public roads, will the area be closed to the general public? Yes No If no, describe what controls will be in place to protect persons or property:

Does Insured Use Any Participants Who Don't Qualify as Cast/Host/Crew Members in Any Production? Yes No

If Yes, Describe Activities:

Check here to indicate you are providing copy of waivers being signed by participants as separate attachment

Past loss history (*describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years*):

Any Discontinued or Sold Foreign Operations: No Yes

If yes, explain:

Any bankruptcies in last 5 years: No Yes

If yes, explain:

Any policy cancelled or non-renewed during past 3 yrs: No Yes

If yes, explain:

If yes, explain:

Are there any planned activities involving any of the following special hazards:

- Stunts/Use of Wires: No Yes If Yes, complete Entertainment Supplement Application
- Pyrotechnics/Special Effects: No Yes If Yes, complete Entertainment Supplement Application
- Use of Aircraft: No Yes If Yes, complete Entertainment Supplement Application
- Filming of Animals: No Yes If Yes, complete Entertainment Supplement Application
- Use of watercraft or offshore exposures: No Yes If Yes, complete Entertainment Supplement Application
- Other Unique Exposure: No Yes If Yes, complete Entertainment Supplement Application

Foreign General Liability: (Per Occurrence Limit) Standard \$1,000,000 Per Occurrence Other:

Complete the Exposure Base below or check here to indicate you are providing schedule on a separate attachment.

Country	Gross Production Costs	Country	Gross Production Costs
	\$		\$
	\$		\$

Annual Blanket Policy? : Yes No

If Yes, check here to indicate you are providing past 5 years of productions (with budget and country) in separate attachment and provide the information below:

Estimated Annual Gross Production Costs: \$

Average Gross Production Costs (per production): \$

Maximum Cost Any One Production: \$

Foreign Business Auto Coverage (Excess/DIC only): Standard \$1,000,000 limit per accident Other:

of **Foreign** Rentals:

of **Foreign** Owned Autos:

of **Foreign** Non-Owned Autos:

- Provide a Description of owned autos if other than Private Passenger type:

Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)

Contingent Employers Liability: Standard \$1,000,000 limit Other:

Will the insured be utilizing the services of a Payroll Service Company? Yes No

If yes, has the Payroll Service Company procured Workers Compensation insurance? Yes No

Will the insured be utilizing the services of a local Production Services Company? Yes No

If yes, has the Production Services Company purchased Workers Compensation with State of Hire benefits for USN or Country of Origin Benefits for TCN? Yes No

Please complete the following for Direct Hire Employees or any Payroll Service Company or Production Services Company employees who are not covered under any other Workers Compensation insurance (or local social scheme equivalent):

Maximum # of employees flying on same flight:

Any flight on non-commercial aircraft (*charter, corporate, helicopter*)? No Yes

If yes, explain:

Maximum # of employees working at the same location:

Maximum # of employees staying at the same hotel:

Direct Hire Employee Information: (Check here to indicate you are providing the required information as a separate attachment.)

# Trips	Total # of Employees per Trip	List Countries of Travel	Class (USN, TCN, or LN)	Job Function	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, List Country of Origin

Foreign Accidental Death & Dismemberment and Medical Expense Coverage
 - \$50,000 AD&D automatic limit provided

\$100,000 AD&D \$250,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

Is coverage desired for Accompanying Spouses? No Yes \$50,000 AD&D
 \$10,000 Medical Expense # of Spouse(s): # Trips:
 \$25,000 Medical Expense

Is coverage desired for Accompanying Children? No Yes \$25,000 AD&D
 \$10,000 Medical Expense # of Child(ren): # Trips:
 \$25,000 Medical Expense

Kidnap and Extortion Coverage
 - \$250,000 automatic limit provided – with high hazard country exclusions

* For higher limits and worldwide coverage territory, a separate Kidnap/Extortion Supplemental Application is required [\(Click here\)](#)

Additional Applications

- If any planned scenes involving special hazards: i.e. *pyrotechnics, stunts, car races or chase scenes, underwater filming, watercraft, aircraft or anything else of a hazardous nature, supplemental Entertainment application is required.*
- Producers are required to be appointed with ACE American Insurance Company. - For more information visit [Producer Appointment](#)
- Supplemental applications can be downloaded from www.aceadvantage.com??

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative:

Signature of Producer:

Date:

Date: