



# The Solution Supplement Library Distribution and Acquisition & Development



## General Information

Name of Applicant:

Street Address:

City, State, Zip Code:

Website Address:

Year Applicant's Business Was Established:

- A. If any entity has an ownership interest in the Applicant, please list all such entities, along with their corresponding ownership percentage:
  
- B. If the Applicant has an ownership interest in any other entities, please list all such entities, along with the corresponding ownership percentage:

## Coverage Request

Desired policy limit:	Each loss \$	Aggregate \$	Desired Retention \$
Type of coverage:	Acquisition & Development only Film Library/Distribution only Acquisition & Development and Film Library/Distribution		

Estimated expenditures for all Acquisition & Development activities for the next 12 months: \$

Estimated revenue from all Distribution activities for the next 12 months: \$

## Acquisition & Development Information

1. Average production budget for acquired or developed productions: \$
2. Percentage of acquired or developed productions that are produced by the applicant post principal photography: %
3. Do you accept unsolicited submissions?                      Yes      No  
If yes, please provide more detail regarding circumstances in which unsolicited submissions are accepted, and how this process is handled:
4. Estimated number of productions to be acquired or developed over the next 12 months:



14. Do you require sellers and licensors to maintain current & continuous Producers E&O insurance on each production acquired or licensed for distribution? Yes    No  
 a. If no, why not?  
 a. If no, why not?
15. If you produce your own productions, do you secure a primary Producers E&O insurance policy for each production? Yes    No  
 a. If no, why not?  
 a. If no, why not?
16. Have all necessary rights been obtained:  
 a. relating to the acquisition & development of each production? Yes    No  
 b. relating to the distribution of all titles in your library? Yes    No  
 If no, why not?  
 a. If no, why not?
17. Do you have a procedure for analyzing and/or responding to Section 203 Copyright Termination notices, and/or correspondence purporting to provide notice of Section 203 Copyright Terminations? Yes    No

### Merchandising Information

18. Will any merchandise (toys, games, dolls, clothing, etc.) relating to the Applicant's Library Titles be created, sold, or licensed by the Applicant? Yes    No  
 If yes:  
 a. Does the Applicant desire coverage for Merchandising? Yes    No  
 If yes:  
 b. Describe what type of merchandise the Applicant plans on creating, selling, or licensing:  
 c. Provide the estimated revenue from merchandise sales over the next 12 months: \$ \_\_\_\_\_  
 d. Does the Applicant's standard contract provide indemnification in their favor for merchandise:  
 i. designed by others: Yes    No  
 ii. manufactured by others: Yes    No  
 e. Does the Applicant's standard clearance procedure for merchandise include a review (and necessary tracking) of any limitations on the term or scope of licenses relating to such merchandise? Yes    No

### Current Insurance

19. In the past three (3) years, has any similar insurance been issued to you? Yes    No  
 If yes, please provide the following information:  
 a. Policy number:  
 b. Coverage dates:  
 c. Limit of Liability:  
 d. Retention:  
 e. Premium:  
 If no, why not?

20. Has any insurer declined, canceled or refused to renew any similar insurance issued to you?  
 (THIS QUESTION DOES NOT APPLY TO MISSOURI APPLICANTS) Yes    No  
 If yes, please provide full details:

**Claims Representation**

21. In the past 10 years 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 and any remedial action taken.

22. 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 20. and 21. 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 of all titles currently in your Library
  - List and description of all projects currently in development
  - Standard distribution agreement

**Fraud Warnings**

The Applicant must review the attached Notice to Policyholders Fraud Warning. By signature below, the Applicant acknowledges the Notice to Policyholders Fraud Warning provided by the Insurer that is applicable to the Applicant’s state of residency.

**Signatures**

I declare that I have examined this Application and accompanying supplements and materials, and to the best of my knowledge and belief, after reasonable inquiry, they are true, correct, and complete. I understand that if any of this information changes prior to the issuance of the insurance applied for that I am obligated to notify QBE of such changes and that QBE may modify or withdraw any proposal for insurance. QBE is authorized to make inquiry in connection with this Application.

*\*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.*

Electronic Signature and Acceptance

\_\_\_\_\_  
 Applicant’s name (please print) \_\_\_\_\_  
 Title (please print)

\_\_\_\_\_  
 Applicant’s signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 If required by state law, please provide the insurance agent’s name and license number below

\_\_\_\_\_  
 Name of insurance agent



## NOTICE TO POLICYHOLDERS – FRAUD WARNINGS

### Fraud Warnings

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.

**Notice to Alabama residents:** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.”

**Notice to Alaska residents:** “A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.”

**Notice to Arizona residents:** “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

**Notice to Arkansas residents:** “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.”

**Notice to California residents:** “For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

**Notice to Colorado residents:** “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 policyholder 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 residents:** “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

**Notice to District of Columbia residents:** “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.”

**Notice to Florida residents:** “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 Idaho residents:** “Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.”

**Notice to Indiana residents:** “A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.”

**Notice to Kansas residents:** “Fraud is defined as: ‘an act committed by 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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 that 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.”

**Notice to Kentucky residents:** “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.”

**Notice to Louisiana residents:** “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.”

**Notice to Maine residents:** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.”

**Notice to Maryland residents:** “Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

**Notice to Minnesota residents:** “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

**Notice to New Hampshire residents:** “Any person who, with a 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 residents:** “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” “Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

**Notice to New Mexico residents:** “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 CIVIL FINES AND CRIMINAL PENALTIES.”

**Notice to New York residents:** “Any person who knowingly and with 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 residents:** “Any person who, with 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 residents:** “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.”

**Notice to Pennsylvania residents:** “Any person who knowingly and with 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 subjects such person to criminal and civil penalties.”

**Notice to Rhode Island residents:** “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.”

**Notice to Tennessee residents:** “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 Texas residents:** “Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

**Notice to Utah residents:** “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 Vermont residents:** “Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.”

**Notice to Virginia residents:** “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 residents:** “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 West Virginia residents:** “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.”