



TOM C. PICKARD & CO., INC.  
INSURANCE AGENCY

Lic. 0555411

**FILM & VIDEO INSURANCE  
APPLICATION – INCLUDING  
ADDITIONAL INSURED CERTS**

Phone: (800) 726-3701

Fax: (800) 318-9840

info@tcpinsurance.com

1. Name of Production Company (Applicant)

\_\_\_\_\_

2. Address

\_\_\_\_\_ Street \_\_\_\_\_ City/Count \_\_\_\_\_ v State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Web site Address

\_\_\_\_\_

4. Maximum cost any one production \$ \_\_\_\_\_

5. COVERAGES DESIRED

**Limit of Liability**

Negative/Video	\$	_____
Faulty Stock/Camera/Processing	\$	_____
Props	\$	_____
Sets & Scenery	\$	_____
Costumes & Wardrobe	\$	_____
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing, Projection & Other Equipment	\$	_____
Extra Expense	\$	_____
Property Damage Liability	\$	_____
Office Contents	\$	_____

6. Desired Effective Date of Policy

\_\_\_\_\_

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

Federal Employer I.D. No. \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Agent/Broker **Tom C. Pickard & Co.**  
**820 Pacific Coast Hwy.**  
Address **Hermosa Beach, CA 90254**

Phone Number **(800) 726-3701**  
Fax Number **(800) 318-9840**