



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

Email: casey@tcpinsurance.com

URL: www.tcpinsurance.com

1. Name of Production Company (Applicant)

2. Address _____
Street City County State Zip Code

3. Web site Address _____

4. Maximum cost any one production \$ _____

5. **COVERAGES DESIRED**

Limit of Liability

Negative/Videotape	\$	_____
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**
Contact **Casey Berry**
casey@tcpinsurance.com

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Fax Number **(800) 318-9840**