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Richmond, VA 23223

(234) 234-2343

Agent: Test User Email: test@test.com Phone:

Date: 01/28/2017

Submission ID: 620899

THIS IS AN INDICATION ONLY

**MUST BE APPROVED BY A NEW EMPIRE
UNDERWRITER PRIOR TO BINDING**

**WE RESERVE THE RIGHT TO ADJUST PREMIUM(S)
UPON UNDERWRITERS REVIEW**

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Policy Summary

Named Insured

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Richmond, VA 23223

Contact: Test User
Email: test@test.com
Phone:

Insurance Company

Lloyd's of London / Barbican Syndicate 1955

Policy Term

Policy Term 365 Days
Proposed Effective: 01/28/2017 - 01/28/2018

Premium Summary

Cost

Premium Distribution

Entertainment Package

\$5,750

Taxes and Fees

Surplus Lines Tax(0.0225)

\$129.38

Policy Fee

\$20.00

Total:

\$5,879.38

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Entertainment Packages – Limits / Deductibles		
Coverage	Limit	Deductible
Cast Insurance (Up to 10)	\$324,000	\$25,000
Negative Film & Videotape	\$324,000	\$5,000
Faulty Stock & Camera Processing	\$324,000	\$5,000
Miscellaneous Rented Equipment	\$1,000,000	\$3,500
Non-Owned Auto Physical Damage	Included Under Misc. Rented Equip.	10% of Loss (\$1,500 Min / \$10,000)
Extra Expense	\$1,000,000	\$3,500
Props, Sets & Wardrobe	\$1,000,000	\$2,500
Third Party Prop Damage Liab	\$1,000,000	\$2,500
Office Contents	\$50,000	\$1,000
Money & Securities	\$50,000	\$1,000

Terms

Policy Forms / Endorsements

The following forms will be attached to any policy issued

- EPKG - EPKG37
- SLC3 USA NMA2868 - EPKG:Form Approved by Lloyds Market Association
- NE 04 14 - EPKG:Film Package Policy
- LMA 5020 - EPKG:Service of Suit Clause (U.S.A.)
- LMA 5021 - EPKG:Applicable Law (U.S.A.)
- NMA 2918 - EPKG:War and Terrorism Exclusion Endorsement
- NMA 2340 - EPKG:Seepage and/or Pollutants and/or Contamination Exclusion Clause
- LMA 5091 - EPKG:U.S. Terrorism Risk Insurance Act of 2002 New and Renewal
- LMA 5092 - EPKG:U.S. Terrorism Risk Insurance Act of 2002 Not Purchased Clause, but only where the Insured elects not to purchase terrorism coverage in accordance with TRIA.
- LMA 9011 - EPKG:U.S. Terrorism Risk Insurance Act of 2002 New and Renewal
- LMA 5209 - EPKG:Direct Binding Authority Endorsement
- LSW 1001 - EPKG:Several Liability Notice
- LSW 1135B - EPKG:Lloyd's Privacy Policy Statement
- LSW1146D - EPKG:California Mandatory Disclosure Statement
- Applicable State Specific Surplus Lines Notices and Disclosures - EPKG:

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Underwriting Information Submitted

Applicant Information	
Name of Production Company	
Website	
Physical Location Address	23, Richmond, VA, 23223
Mailing Location Address	23
Primary Contact Name	sldjf
Tel No.	(234) 234-2343
Fax No.	(234) 234-2343
Email	slkjf@sljdf.com

Budget Information	
Total Annual Production Costs	\$323,233
Number of Productions per Year	1
Maximum Cost Any One Production	N/A
Any Production Work Done for Others	N/A
Source of Finance	

Production Information	
Type Of Production	
Script / Story Synopsis	

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Declared Risks	None of the Above
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Key Personnel	Name	Prior Projects
Producer		N/A
Director		N/A
Principal		N/A

This proposal is valid for 30 days from the date of issuance and is strictly conditioned upon no material change in the risk occurring between the date of this letter and the inception date of the proposed policy. Should there be any material changes in exposures or other hazards, we recommend that you submit the details of this information immediately, so that we may submit to the insurance carrier in order to complete the underwriting process

This letter does not amend or otherwise affect the terms, conditions, or coverage of any insurance policy issued by Underwriters at Lloyd's of London / Barbican. It is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any such policy. Whether coverage does or does not exist for any particular claim or loss under the policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording. Variations in state law regarding the interpretation of insurance policies may exist, and any statements of coverage scope or intent in this letter are general in nature and are subject to change based on such variations. Availability of coverage referred to in this letter may be dependent upon state regulations.

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(Please Refer to the Instructions on Page 3 of This Form)

1. (Full name of the Individual)

OR (A) ;

(B) ;

(Name of Organization)

and (C)

and (D)

2. (A) **Name of Insured** _____

(B) **Address of Insured** _____

 _____ (Street and Number)
 _____ CA
 _____ (City) _____ (State) _____ (Zip Code)

(C) **Description of Risk** _____
 _____ (Type of Coverage)

(D) **Location of Risk** _____
 _____ (Street and Number)
 _____ CA
 _____ (City) _____ (State) _____ (Zip Code)

(E) **Type of Insurance coverage** _____
 _____ (Enter Appropriate Code Number from pg.3)

3. **Private Passenger Automobile Liability Insurance**

(A) (CHECK ONE) YES ☐ NO ☐

(B) (CHECK ONE) YES ☐ NO ☐

(C) (CHECK ONE) YES ☐ NO ☐

4. **Health Insurance**

(CHECK ONE) YES ☐ NO ☐

5. **risk purchasing groups**

(A)

6. (A) **Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):**

PHONE CALLS AND APPLICATIONS SENT TO VARIOUS CARRIERS

(B) **Other:**

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7. (A)



DILIGENT SEARCH REPORT SL-2 -- "HELPFUL HINTS"

Because of the high volume of tags associated with the completion of the new Diligent Search Report Form SL-2 form below are "helpful hints" in completing the form.

MOST IMPORTANT: the form must be clear and legible.

Question #1:

Do not state information on both (A) and (B).

Question #2(A) & 2(B):

Question #2(C):

Question #2(D):

Do not state information on the "white copy" "2A"

Question #2(E):

Questions #3, #4, #5 and #6(B): **Leave blank -- Do not mark "NO" or "N/A" and do not cross-out this section**

Question #6(A):

Question #7(A):

Question #7(B):

Do not state information on the "white copy"

Question #8:

section.

Leave blank -- Do not mark "NO" or "N/A" and do not cross-out this

Signature Line

Signature Date:

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED**

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____ .
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

|s|

Policyholder / Applicant's Signature

Insurance Company

Print Name

Policy Number

Date