

Sdlkfdsldkfj

2314 West Cary Street

Richmond, VA 23220

(131) 231-2333

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

Date: 01/27/2017

Submission ID: 620854

**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

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Named Insured	
Sdlkfdslkdj 2314 West Cary Street Richmond, VA 23220	Contact: Test User Email: test@test.com Phone:
Insurance Company	Policy Term
Lloyd's of London / Barbican Syndicate 1955	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(0.03)	\$172.50
Stamping Office Fee(0.002)	\$11.50
Policy Fee	\$20.00
<b>Total:</b>	<b>\$5,934.00</b>

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Entertainment Packages – Limits / Deductibles		
Coverage	Limit	Deductible
Cast Insurance (Up to 10)	\$33,000	\$25,000
Negative Film & Videotape	\$33,000	\$5,000
Faulty Stock & Camera Processing	\$33,000	\$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

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## Terms

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## Policy Forms / Endorsements

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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

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Applicant Information	
Name of Production Company	Sdlkfdslkdj
Website	
Physical Location Address	2314 West Cary Street, Richmond, VA, 23220
Mailing Location Address	2314 West Cary Street
Primary Contact Name	sdlkfdslkdj
Tel No.	(131) 231-2333
Fax No.	(131) 231-2333
Email	slkdsjlf@sldkjf.com

Budget Information	
Total Annual Production Costs	\$32,323
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	Commercial
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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## DILIGENT SEARCH REPORT

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

1. \_\_\_\_\_ hereby submits that he/she is:  
(Full name of the Individual)
- OR (A) Duly licensed under California Department of Insurance license number \_\_\_\_\_ ;  
(B) Duly licensed and authorized to act as an endorsee on the organizational license of \_\_\_\_\_ ;  
\_\_\_\_\_, California Department of Insurance license number \_\_\_\_\_ ;  
(Name of Organization)
- and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker,  
to obtain insurance as described in this report;
- and (D) is the licensee who performed or supervised this diligent search.
- 
- 

2. (A) Name of Insured \_\_\_\_\_
- (B) Address of Insured \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_  
(City) CA (State) (Zip Code)
- (C) Description of Risk \_\_\_\_\_  
(e.g. Laundromat, liquor store, ...NOT TYPE OF COVERAGE)
- (D) Location of Risk \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_  
(City) CA (State) (Zip Code)
- (E) Type of Insurance coverage \_\_\_\_\_  
(Enter Appropriate Code Number from pg.3)

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3. If **Private Passenger Automobile Liability Insurance** is identified on line 2(E), complete the following:

(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?

(CHECK ONE) YES ☐ NO ☐

(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

(CHECK ONE) YES ☐ NO ☐

(C) If YES, has this risk been submitted to and found to be ineligible by CAARP?

(CHECK ONE) YES ☐ NO ☐

If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)

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4. If **Health Insurance** is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code?

(CHECK ONE) YES ☐ NO ☐

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5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with **risk purchasing groups** authorized by the Federal Liability Risk Retention Act of 1986, complete the following:

(A) Provide the name and address of the purchasing group of which the insured is a member \_\_\_\_\_

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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

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(B) If search was performed by someone **other** than the person named on line 1, please provide full name of that individual:

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7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California **and** who actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☒ NO ☐

- (B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1.	<input type="text"/>	E ( )	/ 2008	2
NAIC #	( ) - or "Online Declination" Website	A ( )		
2.	<input type="text"/>	E ( )	/ 2008	2
NAIC #	( ) - or "Online Declination" Website	A ( )		
3.	<input type="text"/>	E ( )	/ 2008	2
NAIC #	( ) - or "Online Declination" Website	A ( )		

\*Declination Codes: 1 - Company's capacity reached 2-underwriting reason 3-refused to state 4-other

8. If 7(A) was answered NO, complete the following:

- (A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☐ NO ☐

- (B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

\_\_\_\_\_

\_\_\_\_\_

- (C) If YES, please describe how you made this determination

\_\_\_\_\_

\_\_\_\_\_

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non- admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

(Signature of Licensee Named on Line 1)

(Date)

## **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:** Enter either the license number in (A) **OR** enter the name of the organization and its license number in (B). *Do not enter information on both (A) and (B).*

**Question #2(A) & 2(B):** The SL-2 form must exactly match the Insured's information contained in the application and binder (e.g. Name and Mailing Address)

**Question #2(C):** The description in (C) should state what is being covered by this policy (e.g. contractor, property owner, apartment, etc.), not what type of coverage of the policy (e.g. general liability, property, etc.)

**Question #2(D):** The street address is required for the location of the risk. If you have multiple physical addresses, simply type "*Various locations as on file with the company*". If the address is identical to the mailing address, simply type "2B" (do not type "Same" or "Same as 2B").

**Question #2(E):** List the appropriate code number for the Type of Insurance (e.g. 500 for General Liability, 994 for Multi-Peril/Package, 990 for Property, 450 for Inland Marine, etc.)

**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):** Ensure that it simply states that phone calls and applications were submitted to the listed companies.

**Question #7(A):** Should be marked **YES**

### **Question #7(B):**

- All of the insurance companies listed, as rejecting coverage, must have the NAIC number written beside their name. Feel free to email Kristen Wheatley in our office to obtain that number (Email: [kristenw@monarchexcess.com](mailto:kristenw@monarchexcess.com)).
- Make sure all names of the representatives are listed along with their telephone number. Also, either an "E" (Employee) or an "A" (Agent) must be selected.
- The "Month, Year of Declination" must be before the effective date of the policy.

**Question #8:** **Leave blank -- Do not mark "NO" or "N/A" and do not cross-out this section.**

**Signature Line:** The signature must match the name of the person on Question #1

**Signature Date:** The date must be before the effective date of the policy

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### 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](http://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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NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [WWW.INSURANCE.CA.GOV](http://WWW.INSURANCE.CA.GOV).

8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

D-1 (Effective July 21, 2011)

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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.

\_\_\_\_\_  
*Policyholder / Applicant's Signature* | Insurance Company

\_\_\_\_\_  
*Print Name* | Policy Number

\_\_\_\_\_  
*Date*