

NEW EMPIRE

ENTERTAINMENT INSURANCE

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**

If you have any questions regarding this proposal or any other products or coverages from New Empire, please call to discuss.

Sincerely,

"Jessica Maher"

Specialty Underwriter

Direct Line: "(424) 634-7394"

Fax: FAX

Email: jessica@neeis.com

New Empire Entertainment Insurance 1611 S. Catalina Avenue, Suite 208, Redondo Beach, CA 90277

Policy Summary

Named Insured Testing Merge 4

Name of Insured	Contact: ContactName
Street Address	Email: namedInsured@email.com
City, CA, 901111	Phone: 123-123-1233

Insurance Company

Fireman's Fund Ins Co/Allianz Global, Lloyd's of London / Barbican Syndicate 1955

Policy Term

Policy Term: XX Days
Proposed Effective: MM/DD/YYYY - MM/DD/YYYY

Premium Summary Header

Limits and Deductibles

Terms

Policy Forms

Underwriting Questions

Rating

Terms

CGL - CGL03

Additional Insured Certificates:

Subject to our prior approval and additional premiums, this confirms that you have our authority to issue Additional Insured certificates on our behalf.

Certificates MUST read as follows:

"The Certificate Holder is included as an Additional Insured, but only as respects to claims arising out of the negligence of the Named Insured."

NOTE: Descriptions above are for summary purposes only. For a detailed description of the terms of the policy, please refer to the policy form and any endorsements indicated. Specimens of all of the below policy forms and endorsements are available upon request. Please note that this Quote contains only a general description of coverage provided.

EPKG - PIP CHOI

THIS INSURANCE IS UNDERWRITTEN BY UNDERWRITERS AT LLOYD'S OF LONDON, REF NO. B1150SOL117170K, 100% BARBICAN SYNDICATE 1955.

SUBJECTIVITY TO BIND:

- Signed Surplus Lines Forms as per State Requirements
- Signed TRIA Rejection Form

NOTE: Proposal descriptions are for summary purposes only. For a detailed description of the terms of the policy, please refer to the policy forms. Specimens of all policy forms and endorsements can be provided upon request. Please note that this Quote contains only a general description of coverage provided.

Proposed Insured must be domiciled in the United States of America excluding Illinois, Kentucky, and the US Virgin Islands.

TRIA CAN BE AFFORDED FOR AN ADDITIONAL PREMIUM OF<1% OF TOTAL PREMIUM>.

Policy Form / Endorsement

The following forms will be attached to any policy issued

FORM

FORMCODE

ENDORSEMENT NAME

Underwriting Questions

Underwriting Questions / Answers:

DBA Name	ivtut
Number of Years Experience (Attach Bio / Resume if available)	
Business Structure	LLC
FEIN/SSN	
Describe Primary Business Operations	gepel
Annual Gross Receipts	\$530,820
Annual Payroll	\$1,013,160
Describe Other Types of Operations	isi
Projects Outside US (%)	0%
Commercial General Liability Limits Requested?	No
Blanket Additional Insured Requested?	Yes
Waiver of Subrogation Requested?	No
Total Below-The-Line	\$1,633,510
Do you do post production or special effects for others?	No
If alcohol is sold, who is providing Liquor Liability?	bongaz
Is Security at Venue armed or unarmed?	No
Are you contractually responsible for Premises? (Attach contract if Yes)	Yes
Number of Performances / Events in the next 12 Months	
What is the number of seats in the Theater/Venue?	
Does Applicant have dogs? What breed?	Yes
Does Applicant have body guards? Armed or unarmed?	yesUnarmed
Does Applicant have rental properties or farms?	No
Comprehensive Personal Liability (CPL) Coverage Required?	No
Coverage for In-Servants Required?	Yes
Do you design, build, and/or set up staging, audio-visual equipment to others?	Yes
Are you the promoter or sponsor of the event? If Yes, Attach contracts)	N
Are you the Venue Owner or Tenant User?	Tenant
What services, if any, do you hire Sub-Contractors for? (Attach contract copy)	erkunra
What is the square footage?	
Name(s) of Entertainers	daki
Producer Contact Phone	(778) 270-9794
Producer Contact Email	acuagica
Is this a Reshoot?	Y
List of Prior Film Projects	top
Total Above-The-Line	\$390,240
Total Post Production Cost	\$210,560
Title of Production (Type N/A if Blanket Annual)	teike
Number of Productions Per Year	
Type of Production/Film Project	
Director Name	Oc
Source of Financing	uciget
Completion Bond Required	
Number of Cast Members	
Cast Member Name, Age, Role	dubaebe
Any Cast Member with a film project immediately following this film project?	Yes
Complete Cast Medical Exam	jadzusre

New Empire - Personal Lines
1611 S Catalina Ave #208
Redondo Beach ,CA 90277
(310) 265-3800

Agent: Andee Abad
CALicNo:
Email: andee@neeis.com
Phone:

Total Budget	\$1,871,520
Maximum Cost of Any One Production	\$1,183,980
List Countries	
Name Of Production Company	Tem
Producer Contact Name	Batoveb
Producer Name	Ujo

Underwriting Information Submitted

Application Information

Name of Production Company	Tem
Title of Production	teike
Website	
Mailing Address	finaca vub, LA 42374
Primary Contact Name	
Tel No	
Email	

Budget Information

Gross Production Cost	\$1,871,520
Budget Attached	Top Sheet of Budget is required
Source of Financing	uciget

Rating

Entertainment Package

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.

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. 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 NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

6. 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.

7. 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)

**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.

*Fireman's Fund Ins Co/Allianz Global, Lloyd's of London /
Barbican Syndicate 1955*

Policyholder / Applicant's Signature | Insurance Company

0627038, 0627039

Print Name | Policy Number

Date