



OneBeacon Insurance Company

c/o First Media

4350 Shawnee Mission Pkwy #350 – Fairway, KS 66205

800-753-7545/913-384-4800 Fax: 913-384-4822 www.firstmediainc.com

Media Advantage Policy[®]

Film, Program and Theatrical Producer Supplement

1. Name of **Applicant** _____
2. Identify all subsidiaries, trade names and joint ventures to be insured by the Media Advantage Policy

3. Estimated Assets: \$ _____ Projected Revenues: \$ _____
4. Identify all additional insureds and explain relationship to **Applicant** _____

5. **Scheduled Production Information**
 - a. Production title _____
 - b. Name of producer _____
 - c. Name of author or writer _____
 - d. Brief description of story line _____
 - e. Please advise as to the genesis or inspiration for the production, i.e., book, original material, etc.

 - f. Estimated production budget: \$ _____
 - g. Approximate air or release date _____
Approximate length of time that production will be aired or released _____
Name of distributor _____
Term of "rights period" in distribution agreement _____
 - h. Is production based upon fictional or actual events? _____
 - i. Geographic distribution area of production _____
 - j. Have distribution rights been granted to a third party? Yes No
 - k. Have the production and clearance procedures been reviewed by counsel? Yes No
 - l. Has title of the production been cleared? Yes No
 - m. Has copyright report been obtained? Yes No

6. Type of Production — please circle all that apply:

Theatrical Release Television Motion Picture Cable Video Other _____

If production is for Television, is production a:

___ Weekly series ___ special ___ mini-series ___ movie

Length of production (i.e., 30 minutes, etc.) _____

If a series or mini-series, indicate number of episodes: _____

7. Systems, Operations and Clearance Procedures

a. Have all licenses, releases or consents been obtained from all performers, artists, musicians, etc., relative to the scheduled production? Yes No

If “no,” please advise why such agreements have not been obtained _____

b. Is the production an exposé or investigative work? Yes No

If “yes,” please explain method for documenting information _____

c. Is the production based upon an **unauthorized** biography? Yes No

d. Is the name or likeness of any living or deceased person used in the production? Yes No

If “yes,” have all consents been procured? Yes No

e. Will any film, video or news clips, photographs, recording or syndication, written matter, computer graphics or animation that is unoriginal to the scheduled publication be used in the production? Yes No

If “yes,” have the requisite licenses or consents been procured? Yes No

If “no,” please explain why _____

f. Will there be any colorization of black and white productions? Yes No

g. Have any rights in the scheduled production been licensed to a third party? Yes No

If “yes,” please advise _____

h. Will merchandise be generated from the scheduled production? Yes No

If “yes,” please describe and advise if all requisite licenses have been procured _____

i. Has a procedure been implemented regarding the receipt of unsolicited ideas, scripts or other information? Yes No

8. Attachments

Please submit the following information to complete your Application:

- a Current financial statement or corporate annual report;
- a Resumes of key individuals with list of other productions;
- a Copies of licenses, consents, contracts and agreements with writers, actors, distributors, licensors, etc.;
- a VHS video cassette tape or script of production; and
- a If production has been reviewed by counsel, an opinion letter.
- a If applicant is a distributor, a current list of films, videos, etc., that are distributed.