



MDP PROGRAMS

General Liability Application Filmmaker/Production Companies

General Information					
First Named Insured					
Mailing Address		City		State	
Contact Person		Phone:			Fax:
Web Address			Contact's E-Mail Address:		
Effective Date		Federal Tax I.D. #	Years in Business:		
Gross Production Cost			Estimated Productions per year		
Description of Operations/Productions:					

Inland Marine Coverage

Coverage	Limit	Deductible
Sound Equipment		
Lighting Equipment		
Camera Equipment		
Computers		
Rental Reimbursement Coverage requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Negative Loss Coverage Requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Workers Compensation

Classification	Annual Payroll
Clerical Staff/Artist	
Camera Operator/Videographer	
Officers/Owners to be Included/Excluded:	
Name/Title and Payroll	

Umbrella

Limit of Liability: _____

Please provide a synopsis of upcoming projects for the year or Single Production synopsis if looking for short-term coverage for single production.

Contacts for Questions/Completed Applications:

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