



Berkley
Entertainment

| a Berkley Company

PYROTECHNIC / EXPLOSIVES SUPPLEMENTAL APPLICATION

This questionnaire is a critical part of the insurance coverage process and will become one of the legal documents that are the basis for insurance coverage as stated in the application. The warranties expressed in the insurance application are summarily expressed for this questionnaire. Therefore, it is necessary that the questionnaire be completed in full, dated and signed. Complete this form and submit at least 5 days prior to the beginning of the Event or Principal Photography.

Applicant _____ Today's Date _____

Event Or _____

1. Name of Special Effects Coordinator _____

2. Are you a licensed pyrotechnics specialist? Yes No

If yes, length of time licensed _____ Class of license _____

3. Length of time working in the Special Effects facet of the motion picture and/or television business _____

4. List last five (5) credits by Event or Production Title in which you supervised/coordinated the use of pyrotechnics/explosives:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Any insurance losses as a result? Yes No If yes, describe. _____

5. Indicate the following for this event or project:

Scene No.	Event/Scene Description	Pyrotechnics Description

6. Indicate the following concerning the implosion and/or explosion sequences to be expected:

Planned Date	Sequence Location	Subject of Intended Explosions	Detonation Materials Used

7. If the subject of intended implosions/explosions are buildings, complete the following:

Building Type/Description	Structure Suitable for Explosion	Distance of Other Structures/ Properties From Explosion

8. Name of Project Licensed Powder Person _____

9. Indicate which safeguards will be taken at each sequence location:

- Use of pyrotechnics/explosives on "Call Sheets."
- On-site meeting with all Production Company personnel involved with sequence.
- "On-Site Walk-through" or "Dry Run" of sequence to be performed before camera rolling and after any substantial changes.
- Acceptable avenues of escape have been established and all Production Company personnel notified of routes.
- Only persons and crew necessary for the purpose of filming each sequence will be at sequence explosion area.
- "No Smoking" signs are posted in all areas of sequence locations and no smoking or open flames permitted within 50 feet where explosives or pyrotechnic devices are stored or handled.
- No person under age 18 shall be near where explosives are used (Title 8 of CA Administrative Code).
- Fire Marshall present at all times.

10. Additional safeguards:

- a. Is the transportation handling, and storage of explosives and/or pyrotechnic devices being carried out in accordance with all applicable Federal, State and Local laws? Yes No
- b. Will ALL proper authorities be notified in advance that explosives will be used at each sequence location? Yes No
- c. Will ALL explosives and explosive devices be shunted? Yes No
- d. Will the detonation of explosives be from a DC power source? Yes No
- e. During preparation of pyrotechnics/explosives, will the proper personnel be alerted to avoid all radio transmission in the area? Yes No
- f. Have proper ventilation measures been taken at each sequence location where explosives will be executed? Yes No
- g. Have you discussed the explosion sequence with ALL concerned parties at each location? Yes No
 If yes, were you requested by any of these concerned parties to take additional safeguards to protect the sites used for explosion as well as other property thought to be vulnerable to explosion? Yes No

If yes, explain additional requested safeguards taken at each sequence.

h. Distance the general public and surrounding structures will be from the sequence.

11. Is the Project Director at any of the sequence locations? Yes No

If yes, which sequence(s)? _____

Why? _____

12. Are any of the Insured Cast Members involved in any of the pyrotechnics scenes or at any of the sequence locations?

Yes No If yes, list the following:

Cast Member Name	Scene Number

Date _____ Applicant _____

Federal Employer I.D. No. _____

By _____

Title _____

Agent/Broker _____

Address _____

Contact _____ Phone Number _____

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING

NOTICE TO RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.