



Media Advantage Policy[®]
Film & Program Distributor 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: \$ _____
4. Annual Revenues from distribution activities: \$ _____
5. Identify all additional insureds and explain relationship to **Applicant** _____

6. Types of films/programs being distributed. _____% Comedy _____% Drama
_____ % Romance _____ % Children's _____ % Documentary _____ % Adventure
_____ % Horror _____ % Adult/Pornographic _____ % Other: _____
7. Has applicant produced any of the films being distributed? Yes No
If **yes**, what percentage of the films being distributed was produced by the applicant? _____ %
What limit of production liability insurance was carried for these films? \$ _____
8. Percent of films produced by foreign producers: _____ % Percent produced in Asia: _____ %
9. Percent of foreign "language" films: _____ %
Languages: _____
10. Does film producer hold harmless and indemnify applicant? Yes No
11. Does applicant require proof of production liability insurance from producer? Yes No
12. **Attachments**
Please submit the following information to complete your Application:
 - ✓ Current financial statement, tax return or corporate annual report;
 - ✓ Copy of distribution agreements with producers;
 - ✓ Current list of titles being distributed.