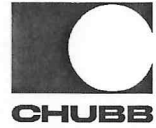




WILLIAM F. WHITE INTERNATIONAL INC.
SHORT-TERM PRODUCTION THROUGH
SARJEANT INSURANCE BROKERS LTD. & CHUBB
INSURANCE



Attention: Beverly Shanks

beverlys@sarjeantinsurance.com

Phone: 1-888-727-5326

Fax: 1-705-726-3498

Insurance Application

1. Name of Production Company: _____

2. Contact Person: _____ Phone: _____ Fax: _____ Email: _____

3. Address: _____

Please provide a brief description of your firm:

4. What are the total gross productions costs of this film: \$ _____

5. How long will you be renting equipment? _____ Value of Equipment: \$ _____

6. Are you renting a vehicle? _____ What is the value? _____

7. Effective Date: _____ Expiry Date: _____

8. What locations are you using for this shoot (Country and specific filming location)

9. What type of Production are you doing?
_____ Documentary _____ Educational _____ Music Video _____ Commercial _____ Action Film

10. Where is the equipment stored when not in use? How is equipment secured within premises? How are the premises protected?

11. Have you had any prior losses (insured or uninsured), which are film related? If yes, provide details and amount paid.

12. Limits of General Liability required? (Please select one) _____ \$1,000,000 or _____ \$2,000,000

13. Will the Production involve the following:

Table with 4 columns: Activity, Yes, No, Yes, No. Rows include Stunts, Aerial Photography, Animals, Watercraft, Special Effects, Underwater Photography, Aircraft, and Other Hazardous Activities.

If "YES" to any of the above, please explain:

14. How many years experience in the film production business? _____

15. Have you rented equipment before? If yes, Who was your previous insurer?

16. Please provide a brief resume.

N.B. If coverage accepted, Premium and P.S.T. to be made in full to "Sarjeant Insurance Brokers Limited" at time of rental.

Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in true statement of facts.

Date: _____ Applicant: _____ Title: _____