



TELEVISION INFORMATION SHEET

FILM
DIGITAL
PROG. LENGTH

MOW
PILOT
SERIES
MULTI-PART
OTHER

FREE TV
PAY TV
BASIC CABLE
HOME VIDEO/ DVD

Title: _____ Start Date: _____ Completion Date: _____

Company: Name: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip: _____

FINANCE:

Structure: Federal ID# _____ State: _____ Corp.: _____ LLC: Joint Partnership: Venture: Sole Ownership:

Budgets: Total: _____ Performers: _____ Background Actors: _____

Financed by: _____ Security Agreement? Yes No

Licensing w/ _____

Distribution Agreement: w/ _____ Media: _____ Territory: _____ Exp Date: _____

Buyer's Assumption Agreement: Yes: _____ No: _____

Payroll House (Principals): _____ Contact: _____ Phone: _____

Payroll House (Background): _____ Contact: _____ Phone: _____

Bank: _____ / _____ / _____ / _____
Name Branch Staff Referral Account #

STAFF:

Producer: _____ Director: _____

Prod'n Manager: _____ Principal Casting by: _____ Tel#: _____

Screenplay by: _____ Background Casting by: _____ Tel#: _____

Stunt Coordinator: _____

PROD'N:

Number of Performers: Weekly: _____ Day: _____ Background Actors: _____

Studio Facilities: _____ Locations: _____ City State

Number of Shooting Days: _____

INSURANCE

CARRIER: Worker's Comp: _____ Airline (Where Applicable): _____

Public Liability & Public Disability: _____ Errors & Omissions: _____

<p>CORPORATE STRUCTURE</p> <p>President: _____</p> <p>Vice President _____</p> <p>Secretary _____</p> <p>Treasurer _____</p> <p>Other _____</p>	<p>RESIDENCE INFORMATION <i>(Complete for corporate officers)</i></p> <p>Name _____ Phone _____</p> <p>Res. Address _____</p> <p>_____ _____ _____</p> <p>Additional page(s) as needed</p>
<p>PARTNERSHIP / JOINT VENTURE: (info on each partner*)</p> <p>Name: _____</p> <p>Res. Address: _____</p> <p>_____</p> <p>Phone#: _____</p> <p>Name: _____</p> <p>Res. Address: _____</p> <p>_____</p> <p>Phone#: _____</p> <p><i>(*If partner is not an individual, attach additional pages to show corporation structure, or, if partnership, partner's residence address)</i></p>	<p>LIMITED LIABILITY COMPANY</p> <p>Manager: _____</p> <p>Member: _____</p> <p>Member: _____</p> <p>Member: _____</p> <p>SOLE OWNERSHIP</p> <p>Name: _____</p> <p>Residence: _____</p> <p>_____</p> <p>Phone #s _____</p> <p>Social Security: _____</p>

BY _____ Date _____ BY _____ Date _____
Prod'r Rep (Corp officer, Gen'l Partner, Owner) SAG-AFTRA Representative