

LEVEL 14 / 141 WALKER ST  
NORTH SYDNEY NSW 2060  
PO BOX 1813  
NORTH SYDNEY NSW 2059

# FEATURE FILM OR TELEVISION SERIES PROPOSAL FORM

## IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## AGENT OF INSURERS

SURA Film and Entertainment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

## DUTY OF DISCLOSURE

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au). Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

## GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively You can request a brochure on the Code from Us.

## FEATURE FILM OR TELEVISION SERIES PROPSAL FORM

1. Name of Proposer

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2. Address

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3. Telephone No. Facsimile No.

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Email Address

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4. Proposer is:  (A) Individual  (B) Partnership  (C) Company

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5. Number of Employees

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6. Is the Proposer registered for GST?  Yes  No

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ABN ITC %

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7. Producer

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Director

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Production Accountant

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Production Manager

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8. Experience of Producer, Director and Production Manager (e.g. Previous film and television productions)

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Producer

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Director

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Production Manager

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9. Title of Production

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10. How will the production be released, type of production and running time

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11. Storyline (Attach synopsis)

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12. Completion Bond Company

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13. Release or Distribution Organisation

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14. Distributor / Broadcaster

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15. Financing Sources

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16. List third parties (if any) who need to be named as "loss payees" on the policy

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17. Where will the shooting take place? (Please attach a list of all shooting locations and time spent at each location)

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18. Geographical Limits Required  Australia wide  New Zealand wide  
 Australia & New Zealand  Worldwide

19. Describe stunts, scenes involving animals, motor cycles, special vehicles, watercraft, aircraft, explosives, pyrotechnics, use of trains/railroad or any other hazardous activities (Attach a copy of Safety Report)

20. Production Schedule

REQUIRED PERIODS OF INSURANCE	FROM	TO
Commencement of pre-production	/ /	/ /
Commencement of principal photography	/ /	/ /
Post-production to estimated completion of protection print or duplicate tape	/ /	/ /

21. Estimated Cost

a) Total Budget (attach budget and synopsis):	\$
b) Story, Scenario, Music, Sound Rights & Royalties:	\$
c) Total Negative Cost (a – b)	\$
d) Post Production Cost:	\$
e) Net Insurable Production Cost (c – d):	\$
f) Estimated Cost per Episode (if applicable):	\$

22. Indicate (by ticking) if any of the following optional items are to be Insured:

- |                                                          |                                         |
|----------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Story & Scenario Royalties      | <input type="checkbox"/> Royalties      |
| <input type="checkbox"/> Music & sound Rights Continuity | <input type="checkbox"/> Continuity     |
| <input type="checkbox"/> Interest Property Taxes         | <input type="checkbox"/> Property Taxes |
| <input type="checkbox"/> Premium paid for this insurance |                                         |

23. What format of Content Media is to be used?

24. Name and Address of:

- |                               |
|-------------------------------|
| a) Studio(s) to be used       |
| b) Cutting room(s) to be used |
| c) Laboratory(s) to be used   |
| d) Vault(s) to be used        |

25. Are any special film processes, special film or specialised equipment being used in this production?  
e.g. imax, animation, cgi, steadycam, underwater, overwater, aerial photography, etc.  Yes  No

If yes, please explain

26. Will Content Media and camera equipment be tested prior to commencement of Principal Photography?  Yes  No

If no, please explain

27. How will Content Media be transported to the processing laboratory? (e.g. road, rail, air)

28. How frequently will Content Media be:

a) Transported

b) Processed

c) Viewed

d) If not daily, explain in detail how frequently Content Media will be processed and viewed

e) Will results be viewed daily on a colour monitor?  Yes  No

29. Location to which equipment is returned when not in use

30. What measures will be taken to protect equipment while in use and who is responsible?

31. Cast Coverage

NAME	AGE	ROLE	PERIOD OF COVER

NB. The policy requires that the named persons listed previously be examined not more than seven (7) days prior to commencement of cover by a qualified medical practitioner. Each named person must provide the qualified medical practitioner with a fully completed Health Declaration as supplied by SURA Film and Entertainment.

No cover for sickness and illness will be granted for a named person until a fully completed Health Declaration form is received and approved by SURA Film and Entertainment.

32. Are any persons covered involved in any hazardous activity?  Yes  No

If yes, please provide full details

33. Are any special conditions, contract requirements or stop dates on persons to be covered?  Yes  No

If yes, please provide full details

34. List of deferments, if any

PAYEE	AMOUNT
	\$
	\$

35. Is equipment rented or owned?

36. Do all major items have protective transport casing?  Yes  No

If no, how are items protected for transport?

37. Does the production require transporting any equipment overseas?  Yes  No

If yes, please give details of where to and how equipment is to be transported

38. Will this production require the use of aircraft, motor vehicles or watercraft?  Yes  No

Is breakdown cover required?

Yes  No

If yes, please give details of property being used and confirm items are successfully tested including serviced by qualified mechanics

39. Insurance Requirements: Is Fire Cover required?

Yes  No

TYPE OF COVER

SUM INSURED (LIMIT ANY ONE OCCURRENCE)

1) Film Producers Indemnity (Cast)

\$

2) Content Media

\$

3) Extra Expense

\$

4) Production Property

\$

a) Owned Equipment

\$

b) Non Owned Equipment

\$

c) Office Contents

\$

d) Props, Sets, Wardrobe and Scenery

\$

5) Money

\$

6) Liability

\$

40. Currency Required

AUD

NZD

41. If any individual item insured under Production Property above is valued in excess of \$100,000, give details

42. Estimated time needed to reconstruct destroyed sets of scenery

43. What other location or studio facilities are or will be immediately available as an alternative?

44. Do all independent contractors have their own public liability coverage?

Yes  No

If no, please explain

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45. Are any non employees (e.g. re-enactors, contestants etc.) involved in the production?  Yes  No

If yes, please explain

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46. Are any specialist crew members or other safety measures being taken with special processes or equipment?  Yes  No

If yes, please explain

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47. If the Proposer is a partnership, please provide the names and addresses of each partner.

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48. If the Proposer is a company or a private business venture, other than a partnership, please supply the names and addresses of each director.

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49. Have any of the Proposers ever been convicted of a criminal offence relating to arson, fraud or otherwise involving dishonesty?  Yes  No

If yes, please provide full details

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50. Have any of the Proposers:

a) Ever had any insurance declined, cancelled or made the subject of special terms or conditions?  Yes  No

b) Lodged a claim on an insurance policy (other than for a motor vehicle or a life policy) during the past five (5) years?  Yes  No

c) Ever had a claim declined by an insurance company?  Yes  No

If Yes to a), b) or c), please provide full details

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51. Have any of the Proposers arranged any other insurance through SURA Film and Entertainment or with any other insurer, which covers the subject matter of this Proposal?  Yes  No

If yes, please provide full details

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52. Have any of the Proposers entered into any agreement which would affect your right to make a claim against a responsible Third Party in the event of a claim under the insurance now being proposed?  Yes  No

If yes, please provide full details

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53. Is the financial interest of any other person or organisation (for example, a mortgagee or other financier, lessor or principal), to be noted on the Policy?  Yes  No

If yes, please provide full details

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54. Have you or any Partner or Director of the business

a) Ever been declared bankrupt?  Yes  No

If Yes, please provide full detail

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b) Been involved in a company or business which became insolvent or subject to any form of solvency administration?  Yes  No

If Yes, please provide full details

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## DECLARATION AND AUTHORISATION

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a company, partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be the one authorised to sign on behalf of all persons/entities identified as the intending insured.

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that SURA Film and Entertainment Pty Ltd are relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/ We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal Form. This consent remains valid until I/We alter or revoke it by written notice.

I/We also undertake to advise any changes to my/our personal information.

**NAME OF FIRM**

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**SIGNATURE**

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(This Proposal is be signed by a Principal, Partner or Director of the Proposed Insured)

**TITLE OF SIGNATORY**

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**FULL NAME**

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**DATE**

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