

ENTERTAINMENT LIABILITY SHORT FORM PROPOSAL

IMPORTANT INFORMATION

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. 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 or alternatively You can request a brochure on the Code from Us.

ENTERTAINMENT LIABILITY SHORT FORM PROPOSAL

1. Name of Proposer _____

2. Address _____

3. Telephone No _____ Facsimile _____
Email Address _____

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

5. Number of Employees _____

6. Is the Proposer registered for GST? Yes No
ABN _____ ITC _____ %

7. Occupation _____

8. Experience of Proposer (Examples)

9. Basis of Cover Annual Short term

10. This question relates to short term policies only:
a) Title of Production (if applicable) _____
b) Production Type _____

11. Period of Cover From / / To / /

12. Period of Shoot From / / To / /

13. Proposers estimate of total annual gross production costs (if annual policy) or the gross production cost for a short term period (if short term policy)? \$ _____

14. Limit of indemnity required \$10,000,000 \$20,000,000

15. Currency required AUD NZD

16. List locations and exact dates spent at each location (Short term policies only)
(Please attach a list if space below is not sufficient)

17. Describe stunts, involvement of animals, motor cycles, special vehicles, watercraft, aircraft, explosives, pyrotechnics, use of trains/railroad or any other hazardous activities (Attach copy of safety report)

18. Details of any contracts entered into with third parties

19. Geographical Limits required New Zealand wide Australia wide
 Australia & New Zealand Worldwide

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

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

22. 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

23. 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

24. 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

25. 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

26. 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

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

a) Ever been declared bankrupt? Yes No

If Yes, please provide full detail

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

Please note: Questions 22 to 25 also apply to any person identified in answers to Questions 20 and 21.

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

SIGNATURE

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

TITLE OF SIGNATORY

FULL NAME

DATE
